MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25527

File No.

Registered No.

1. PLACE OF DEATH

County Pike Co. Registration District No. 728

Township Clay Primary Registration District No. 5961

City Hannibal (No. Hall, St., Ward)

2. FULL NAME Sarah Jane Lebers

(a) Residence. No. Hannibal Mo. St., Ward.
(Usual place of abode) 425 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND~~ OF
(OR) WIFE OF Martin J. Lebers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	1	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) — —
(c) Name of employer — —

9. BIRTHPLACE (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Ben Mason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Matilda Stevenson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Frank Johnson
(Address) Hannibal Mo

15. FILED Aug 9, 1929 Marvin Short REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-17-1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to July 17, 1929, that I last saw h alive on July 16, 1929, and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 106

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) C. C. Sanderlin, M. D.

, 19 (Address) Hannibal Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hydeburg Cemetery	7-19-1929
20. UNDERTAKER James O'Donnell	ADDRESS Hannibal Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.