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

Do not use this space. Feller

27478

File No. 590

Registered No.

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 2234 Travis St. Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Sarah E. Woodrome
(a) Residence. No. 2234 Travis St., Ward.
(Usual place of abode) (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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17 - 1855
7. AGE Years 73 Months 7 Days 27 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

PARENTS
10. NAME OF FATHER David Hancock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER Amanda Merrill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Fred Christy
(Address) Springfield, Mo.

15. FILED 8-15, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 - 14 - 1929
17. I HEREBY CERTIFY, That I attended deceased from 8-4-, 1928, to 8-14-, 1929 that I last saw her alive on 6-26-, 1929, and that death occurred, on the date stated above, at 4 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardio Nephritis disease ch 95B 16 N
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Feller, M. D
8-14, 1929 (Address) Springfield 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 Green Lawn Cemetery
DATE OF BURIAL Aug 15, 1929
20. UNDERTAKER J. W. Klingner & Co. 4246 Conl
ADDRESS Street Springfield 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.

SEP 25 1929

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[illegible] INKEEPING IS A PERMANENT RECORD

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