

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

Do not use this space.

28406

1. PLACE OF DEATH
 County Montgomery Registration District No. 5-75
 Township W. Lewis Fork Primary Registration District No. 4339
 City Linton (No.) St. Ward)
 2. FULL NAME Sarah M. Arnold
 (a) Residence No. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-31-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 4 24

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

9. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

10. NAME OF FATHER Charles Fairbanks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Roy Arnold
 (Address) Linton, Mo

15. FILED 8-26, 1929 Mrs Sarah P. ...
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-25-1929

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1929, to Aug 28, 1929, that I last saw her alive on 8/25, 1929, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Coma

S. H. Redmon

(duration) 17 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Dementia

(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chemical & Physiological

(Signed) Physician M. D.

, 19 (Address) Linton 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 new Lebanon cemetery

DATE OF BURIAL 8-27-1929

20. UNDERTAKER Finell E. Richards

ADDRESS Linton 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.

S. H. Redmon

