

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

Do not use this space.

38131

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No. 821 West End)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 220
P. _____ St. _____ Ward _____

2. FULL NAME Sarah Jane Harper

(a) Residence, No. 821 West End Pl. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 24th 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 . 7 16

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) Mo

10. NAME OF FATHER Samuel Warford

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

12. MAIDEN NAME OF MOTHER Cecilia Piggott

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

14. INFORMANT Ed. Shipley

(Address) Moberly, Mo.

15. FILED 11/16/1929 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from 2:00 1929 to 2:28 Nov 10th 1929 that I last saw her alive on Nov 10th 1929, and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

CONTRIBUTOR (SECONDARY) HWA (duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. B. Huskey M. D.

11-10th 1929 (Address) Moberly, 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

Newhope, Howard, Co.

11-12th 1929

20. UNDERTAKER

ADDRESS Moberly Mo.

Mahan and Son

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly supported. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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PARENTS

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on
 the subject of the land described in the foregoing
 captioned instrument.

The land described in the foregoing captioned instrument
 is situated in the County of [County Name], State of
 [State Name], and is more particularly described as
 follows:

[Detailed description of the land, including acreage, location, and any other relevant details.]

The land described in the foregoing captioned instrument
 is owned by [Owner Name], who is the holder of the
 title to the same.

The land described in the foregoing captioned instrument
 is subject to the following conditions:

[List of conditions or restrictions.]

The land described in the foregoing captioned instrument
 is subject to the following easements:

[List of easements.]

The land described in the foregoing captioned instrument
 is subject to the following encumbrances:

[List of encumbrances.]

The land described in the foregoing captioned instrument
 is subject to the following liens:

[List of liens.]

The land described in the foregoing captioned instrument
 is subject to the following taxes:

[List of taxes.]

The land described in the foregoing captioned instrument
 is subject to the following assessments:

[List of assessments.]

The land described in the foregoing captioned instrument
 is subject to the following other conditions:

[List of other conditions.]