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

Do not use this space.

39341

1. PLACE OF DEATH
County: Schuyler Co — Registration District No. 807 — File No.
Township: Chariton — Primary Registration District No. 6052 — Registered No. 7
City: ~~Lancaster~~ (No. ..... St. ..... Ward)

2. FULL NAME: Sarah Francis Dixon
(a) Residence. No. Bloomfield Ia St., ... Ward. Bloomfield Ia
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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): May 27-1857

7. AGE: YEARS 72 — MONTHS 5 — DAYS 25 — 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): Davis Co Iowa

PARENTS
10. NAME OF FATHER: Wm Vanlandingham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Harriett Cecil
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Geo Drake
(Address) Bloomfield Iowa

15. FILED 11-27 1929 Clarence Judd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov-22 1929

17. I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Oct 26, 1929, to Nov 22, 1929, that I last saw her alive on ~~Nov~~ Oct 26, 1929, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion
110
110
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): "Fly"
(duration) ..... yrs. 1 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) N. L. Johnson, M. D.
11-27, 1929 (Address) Glenwood 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: Bloomfield Iowa — DATE OF BURIAL: 11-24 1929

20. UNDERTAKER: C L Taylor #2671 mo — ADDRESS: Bloomfield Ia

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.