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

Do not use this space.

18567

1. PLACE OF DEATH
County Benton
Township Tom
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 61
Primary Registration District No. 5096

File No. .....
Registered No. 17

2. FULL NAME John Alexander Sartin

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Sarah Sartin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-5-1845

7. AGE 85 YEARS 10 MONTHS 2 DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Missouri

PARENTS
10. NAME OF FATHER Sartin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Elsie Sartin,
(Address) Warsaw, Mo

15. FILED 6/9, 1930 J. A. Logan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-7-30 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1927, to June 7, 1930 that I last saw him alive on June 7, 1930, and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Lesion

92 A (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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? Clinical

(Signed) Harry Bay, M. D
6-9, 1930 (Address) Cole Camp, 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: Cole Camp Cemetery
DATE OF BURIAL: 6-9-30 19

20. UNDERTAKER: E. L. Eickhoff
ADDRESS: Cole Camp 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.