

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

Do not use this space.

NOV 24 1930

1. PLACE OF DEATH

County Howard
Township Chariton
City (No. St. Ward)

Registration District No. 329
Primary Registration District No. 2529

File No. 29758
Registered No.

2. FULL NAME Ernest Sartain,

(a) Residence. No. 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 Male, 4. COLOR OR RACE White, 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/21//1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7

8. OCCUPATION OF DECEASED Farmer,
(a) Trade, profession, or particular kind of work
(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) Howard Co. Mo.

PARENTS
10. NAME OF FATHER Howard Sartain,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Martha Rosobury.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs Ernest Sartain.
(Address) Fayette, Mo.

15. FILED 10/15/1930 B. H. Temple
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/21/1930 1930

17. I HEREBY CERTIFY That I attended deceased from 9-20-30 to 9-21-30 that I last saw him alive on 9-21-30 and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary edema
93E
111B
(duration) yrs. mos. 1 ds.
CONTRIBUTORY Chronic myocarditis
(SECONDARY) (duration) 2 yrs. 6 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? none
(Signed) W. Bloom, M. D.
, 19 (Address) Fayette 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 Nutnut Ridge, DATE OF BURIAL 10/23/1930

20. UNDERTAKER Chas. T. Halley, Fayette. ADDRESS Mo.

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.

