

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

Do not use this space.

39457

1. PLACE OF DEATH

County Jackson
Township Law
City Cassas City (No. 2728 Chelsea)

Registration District No. 638
Primary Registration District No. 2005

File No. _____
Registered No. 51120
St. _____ Ward _____

2. FULL NAME

Mrs. Sarah E. Loue
(a) Residence, No. 2728 Chelsea St., 14 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Albert L. Loue

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3, 1891

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>59</u> | <u>2</u> | <u>10</u> | |

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) Cooper County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER "

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

14. INFORMANT Albert L. Loue
(Address) 2728 Chelsea

15. FILED 12/15/30 M. M. Brown REGISTRAR
Assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-13 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at 11:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phonix myocarditis
997
920

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTOR Phonix myocarditis
(SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED 9000
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Arthur M. Hale, M. D.

Dec 13, 1930 (Address) City of Cooper

*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 Forest Hill DATE OF BURIAL 12/16 1930

20. UNDERTAKER D. N. Newcomer's Sons ADDRESS 21116.9th St.

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.

