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.

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

Do not use this space. 355

FEB 18 1931

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 29
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sarah Childers
(a) Residence, No. Vinegar Hill St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F.
4. COLOR OR RACE W
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Childers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857 Est.
7. AGE YEARS 74 MONTHS Est DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Tenn.

FATHER
13. NAME not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) John Childers Poplar Bluff
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE 1-29 1931
19. UNDERTAKER (ADDRESS) Frank Mud Co Poplar Bluff Mo
20. FILED Jan 30 1931 B J Clin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28, 1931
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 28, 1931
I last saw her alive on 1/28, 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis — Date of onset
97 97
Other contributory causes of importance: no
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinic Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. F. S. Taylor, M. D.
(Address) Poplar Bluff Mo