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

Do not use this space.

401

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township Fulton — Primary Registration District No. 3008 — Registered No. 20
City Fulton (No. ..., ... St. ..... Ward)

2. FULL NAME Sarah Bibb
(a) Residence. No. State Hosp #1, Fulton Mo Ward. Clarksville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Information

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	7	19	

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) Pearl, Illinois
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ellie Ottwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No Information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Durlin Hearn
(Address) Bowling Green, Mo

15. Jan 23, 31 R. N. Creews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to January 23, 1931, that I last saw her alive on January 23, 1931, and that death occurred, on the date stated above, at 10:35 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Hemiplegia, left
82 A
82 D
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(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? None
(Signed) C. C. Ault, M. D.
, 19 (Address) Fulton, 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	DATE OF BURIAL
[illegible] Clarksville	1-25 1931

20. UNDERTAKER	ADDRESS
[illegible] Brown	Clarksville

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.