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.

FEB 21 1931

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

Do not use this space

2640

1. PLACE OF DEATH
County St Clair Co — Registration District No. 163 — File No. 4
Township Butler — Primary Registration District No. 4448 — Registered No. 1
City Lowry City Mo. (No. ..... St. ..... Ward)

2. FULL NAME Sarah Parker Titus

(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 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND or~~ (OR) ~~WIFE of~~ James N Titus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11, 1848

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 82 | 9 | 22 | |

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): 233
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Zanesville Ohio
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Thomas Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Zanesville
(STATE OR COUNTRY) Ohio

14. INFORMANT Dora R. Goff
(Address) Charleston Mo.

15. FILED 1/3, 1931. Leo S. Wright, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/3/1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1930, to Nov. 30, 1930, that I last saw her alive on Nov. 26, 1930, and that death occurred, on the date stated above, at 8 o'clock m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer intestine
Left side
466
52 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 52 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. S. Shelton, M. D.
1/3, 1931 (Address) Lowry City

*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: Shipped to Charleston Ill Fairfield Cemetery
DATE OF BURIAL: 1/4/1931

20. UNDERTAKER: H. C. Austin & Frank Goodrich
ADDRESS: Lowry City Mo Rosco Mo.