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

Do not use this space.

9242

1. PLACE OF DEATH
County: Cole
Township:
City: Jefferson (No. 5 St. Ward)
Registration District No. 213
Primary Registration District No. 3014
File No. 69
Registered No.

2. FULL NAME Sadie Fairchild
(a) Residence. No. 629 E High St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 13 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 OF (OR) WIFE OF: Fred Fairchilds

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 15 1876

7. AGE: Years 54 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 2 35
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co Mo

PARENTS
10. NAME OF FATHER: Jno Simmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Malinda Adin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Fred Fairchilds
(Address) 629 E High

15. FILED 4-9, 19 31 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 11 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/7/31, 19, to 3/11/31, 19, that I last saw h. m. alive on 3/11/31, 19, and that death occurred, on the date stated above, at 4 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tbc

VSA

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (SECONDARY) (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?
(Signed) David Cole, M. D
3/13, 1931 (Address) Jefferson City 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: Riverview Cem
DATE OF BURIAL: 3/13 1931

20. UNDERTAKER: Hanson-Tanner
ADDRESS: JC Mo

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.

APR 21 1931

PERMANENT RECORD