

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

Do not use this space.

10569

APR 24 1931

1. PLACE OF DEATH

County Lewis
Township _____
City Canton (No. _____)

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME Sarah Frances Marks

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF James Milton Marks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housewife

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) Monticello, Missouri

13. NAME Joseph Fuguel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Sarah M. Agui

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Miss Ella Fuguel
Canton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton, Mo. DATE Mar. 18 1931

19. UNDERTAKER (ADDRESS) Paul H. Buckley
Canton, Mo.

20. FILED 3-18 1931 H. W. Harris, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 - Tues. 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931, to March 16, 1931

I last saw her alive on March 16, 1931. Death is said to have occurred on the date stated above, at 12-20 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza
92A
11B
P.D.W.

Date of onset Feb. 9
to March 17

Other contributory causes of importance:

Mitral Regurgitation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 3

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) Mr. Gert Porter, M. D. (Address) Canton 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.

