

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

Do not use this space.

1. PLACE OF DEATH  
 62 County Madison Registration District No. 638 File No. 10697  
 Township Union Primary Registration District No. 6682 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Jane Stephens  
 (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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Jacob Stephens  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9-1847  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 3 - \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 9- 89 1931  
 17. I HEREBY CERTIFY, That I attended deceased from 2/23/31 to 3/1/31, 1931, that I last saw her alive on Feb. 27, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senility of old age  
87A  
162 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Middle ear abscess (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn.  
 10. NAME OF FATHER Thos. Priddy  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn.  
 12. MAIDEN NAME OF MOTHER Priddy  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn.

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) M. B. Parker, M. D.  
2/9/31, 1931 (Address) Fredericktown, Mo.

14. INFORMANT Jacob Stephens  
 (Address) Fredericktown, Mo Little Pine

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL 11/4/10 1931  
 20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

15. 11431-31 1931 C. W. Davis  
 REGISTRAR

Jones

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 24 1931

