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

Do not use this space.

11137

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township Campbell — Primary Registration District No. 5935 — Registered No. 11
City Dunnegan (No. ..... St. ..... Ward)

2. FULL NAME Sarah Ann McPherson
(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

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 Joe McPherson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 1850

7. AGE: Years 80 — Months 5 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

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) Tennessee
(STATE OR COUNTRY) Don't Know

PARENTS
10. NAME OF FATHER Warren Harold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Joe McPherson
(Address) Dunnegan Mo

15. FILED Mch 7, 1931 J F Robits REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to Mch 7, 1931, that I last saw her alive on Mch 6, 1931, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fracture left hip (Fell on floor)
181 A
180
194 B
(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) 186 C
(duration) ..... yrs. ..... mos. 5 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? Clinical
(Signed) Chas. F. Brown, M.D.
3-7, 1931 (Address) Fair Play - 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: Dunnegan Cemetery — DATE OF BURIAL: Mar. 8 1931

20. UNDERTAKER: White-Erwin-Walker Mo — ADDRESS: Dunnegan

APR 25 1931

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.