

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

Do not use this space.

20401

1. PLACE OF DEATH

County Wright Registration District No. 908  
Township North Grove Primary Registration District No. 6222  
City Wright St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Esther Keith

(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 20 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 Virgilio Scott Keith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21-1883  
7. AGE YEARS 78 MONTHS 3 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Illinois

13. NAME Samuel Cohen

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

15. MAIDEN NAME Julia Ann Miller

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

17. INFORMANT H. S. Keith  
(ADDRESS) North Grove St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown Mo DATE 5-5-1931

19. UNDERTAKER Botten Funeral Home  
(ADDRESS) \_\_\_\_\_

20. FILED 5/10 1931 J. M. Hubbard  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1931, to May 1 1931

I last saw her alive on May 1 1931. Death is said to have occurred on the date stated above, at 1 a.m.

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

Chronic ulcerated Stomach Plus flu  
Date of onset \_\_\_\_\_  
Other contributory causes of importance 117A  
11B  
117A

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? pendulous Was there an autopsy? no

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) Henry M. Forester D.D. M. D.  
(Address) North Grove Mo.

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.

MIN 29 1931

