

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

Do not use this space.

1. PLACE OF DEATH

County *Chelms*  
Township *Marriforce*  
City *St. James*

Registration District No. *678*  
Primary Registration District No. *5906*

File No. *22385*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Sarah Lunsford*

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. *6* mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 8 - 1880</i>		
7. AGE	YEARS <i>30</i>	MONTHS <i>9</i>
	DAYS <i>18</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	
	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) <i>6-22-11</i>	11. Total time (years) spent in this occupation <i>7</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cherryville Mo</i>		
FATHER	13. NAME <i>Benjamin Pyatt</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St James Mo</i>	
MOTHER	15. MAIDEN NAME <i>Sarah Goldie</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St James Mo</i>	
17. INFORMANT (ADDRESS) <i>Elyabeth Lunsford St James Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Home Hill</i> DATE <i>6-27</i>		
19. UNDERTAKER (ADDRESS) <i>W. E. Kessler St James Mo</i>		
20. FILED <i>7-2-11</i> Registrar <i>Henry H. Walters</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-26*, 19*11*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *4:00 P.M.*

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

*200B*

*200B*

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. *found dead in bed cause same*

Manner of injury *feasible health no sequel*

Nature of injury *mass held*

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *A. M. Light - Coroner*, \_\_\_\_\_

(Address) *Rella 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.

JUL 28 1911

