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

Do not use this space.

24530

1. PLACE OF DEATH
County: Clark — Registration District No.: 192
Township: Sweet Home — Primary Registration District No.: 5268
City: ..... (Nonresident) ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Sarah Elizabeth Brickey
(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): Widow

5A. ~~IF MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: James Brickey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 11 – 1853

7. AGE: YEARS 77 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Ira McCarty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Maria James
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Lonnie G. Brickey
(Address): Revere Mo

15. FILED: July 14, 1931 — J. L. McConnell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 13 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to June 13, 1931, that I last saw her alive on July 12, 1931, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Diabetes Mellitus

59

59 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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) J. L. McConnell M. D.
July 13, 1931 (Address) Revere 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~~: Revere Mo — DATE OF BURIAL: July 14 1931

20. UNDERTAKER: G. W. Epperhart — ADDRESS: Revere Mo

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

AUG 25 1931