N. B.—Every item of information should be carefully supplied. AGE should be [illegible]
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1937

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

Do not use this space.

34758

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 320
Township — Primary Registration District No. 200 — Registered No.
City Joplin (No. St Johns Hospital St. Ward)

2. FULL NAME Sarah Puckett.
(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 Harry Puckett.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29-1896

7. AGE YEARS 34 MONTHS 11 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housedutties
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) Kansas

FATHER
13. NAME James C Vernon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Effie Peace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas.

17. INFORMANT (ADDRESS) Harry Puckett. Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oz Mem Pk DATE 10/8 31 19

19. UNDERTAKER (ADDRESS) Hurlbert Med Co Joplin Mo

20. FILED Oct 10 1931 A. Benson Clark Registrar. 10/9/31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-31 19

22. I HEREBY CERTIFY, That I attended deceased from 10-2-31 19, to 10-7-31 19
I last saw her alive on 10-7-31 19 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Appendicitis with bursted appendix

Date of onset

Other contributory causes of importance:
121B

121

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) W. H. Wilbur, M. D.
(Address) Joplin Mo