

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

Do not use this space.

39872

1. PLACE OF DEATH

County Shelby
Township Clare
City Clarence (No. _____) (St. _____) (Ward _____)

Registration District No. 827
Primary Registration District No. 4500

File No. _____
Registered No. 13

2. FULL NAME

Sarah Annie Virginia Churchwell
(a) Residence, No. _____ St. 9 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank M. Churchwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 9 10

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) (STATE OR COUNTRY) Marion Co., Mo.

10. NAME OF FATHER Richard Durrett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Sarah Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Mrs. Walter McCall Pace

15. Clarence, Mo.
FILED 10:30, 1931 Ray Hamilton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27, 1931

17. I HEREBY CERTIFY That I attended deceased from Dec 1928, to Nov 27, 1931, that I last saw her alive on Nov 27, 1931, and that death occurred, on the date stated above, at 1020p.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic myocarditis and chronic deforming arteritis
186A
1928
CONTRIBUTORY (SECONDARY) Accidental fall on floor
Cranial contusion (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) W. L. Haeuser, M. D.
Nov 28, 1931 (Address) Clarence 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 Maplewood Cemetery DATE OF BURIAL Nov. 29, 1931.

20. UNDERTAKER J. W. Thompson Son ADDRESS Shelbyville, Mo.

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.

DEC 26 1931

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH

