

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

Do not use this space.  
40297  
40207

1. PLACE OF DEATH  
County Calloway Registration District No. 104  
Township Fulton Primary Registration District No. 3008  
City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Mrs. Saphronia Stars  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_  
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.  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>Negro</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6 - 1875</u>					
7. AGE		YEARS <u>56</u>	MONTHS <u>4</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, e.g., farmer, sawyer, bookkeeper, etc. <u>House Work</u>				
	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) <u>Missouri</u>					
FATHER	13. NAME <u>Henry Brooks</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
MOTHER	15. MAIDEN NAME <u>Flora Johnson</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
17. INFORMANT <u>Ernest Shanks</u> (ADDRESS) <u>Fulton, Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>buried</u> PLACE <u>Fulton Mo.</u> DATE <u>Dec 11 - 1931</u>					
19. UNDERTAKER <u>Chas. Bell</u> (ADDRESS) <u>Fulton, Mo.</u>					
20. FILE <u>Dec 9 1931</u> <u>R. M. Crews</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930 to Dec 8, 1931  
I last saw her alive on Dec 2nd, 1931. Death is said to have occurred on the date stated above, at 7:05 p. m.  
The principal cause of death and related causes of importance were as follows:  
Pyelitis with recurrent coarctation  
1931  
1931  
1931  
Date of onset A year or more ago.

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_  
Death was due to external causes (violence), fill in also the following:  
suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Name of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. M. Crews, M. D.  
(Address) Fulton 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.

JAN 19 1932

