

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

Do not use this space.

7195

1. PLACE OF DEATH

County Johnson Registration District No. 899
 Township Jackson Primary Registration District No. 6205
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah J. Pingar
 (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 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 Daniel Pingar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
 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) Laclede Co. Mo.

MOTHER FATHER 13. NAME Abner Arthur
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME Nancy Bursley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A. B. R. [unclear]

18. BURIAL, CREMATION, OR REMOVAL PLACE The [unclear] DATE Feb. 26 1932

19. UNDERTAKER (ADDRESS) M. J. Mahan
manifested to

20. FILED 2-9 1932 Fred R. Whitson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1932

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to Feb. 20, 1932
 I last saw her alive on Feb. 22, 1932. Death is said to have occurred on the date stated above, at 8-10 P. m.
 The principal cause of death and related causes of importance were as follows:

Influenza

11/2 11/18

Other contributory causes of importance: _____
 Date of onset _____

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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. M. Bailey, M. D.
 (Address) [unclear]

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.

MAR 25 1932

