

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.

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

Do not use this space.

9510-a

1. PLACE OF DEATH

78

County Remond Registration District No. 656  
Township Coates Primary Registration District No. 5873  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 13

2. FULL NAME

Missouri Ann Sackey  
(a) Residence, No. Coates, Mo St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. F. Saylor

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1932, to Mar. 23, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1883

I last saw h. or alive on Mar. 22, 1932 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 7 0 12

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

Apoplexy Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2.95

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: Cerebral Hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arbedene, Mo

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? exam Was there an autopsy? no

13. NAME Missouri Ann Sackey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Annand, Miss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. D. Carter, Coates, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 3-23, 1932

19. UNDERTAKER (ADDRESS) State Road

20. FILED Aug 8, 1932 W. Harrison Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? no (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? no  
If so, specify \_\_\_\_\_

(Signed) W. B. Greene, M. D.  
(Address) Bluffville, Ark.

AMS 25 1932  
95-10

