

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

Do not use this space.

15733

1. PLACE OF DEATH
 32 County Dekalb Registration District No. 264
 Township Grant Primary Registration District No. 5307
 City Fairport (No.) St. Ward)

2. FULL NAME Sarah I Klein
 (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Klein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 7 15

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

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) Morrow Co. Ohio

13. NAME Oliver Hartwell

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

15. MAIDEN NAME Nancy Tier

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

17. INFORMANT Marion Hartwell
 (ADDRESS) Fairport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairport DATE 5/5-32 1922

19. UNDERTAKER U. G. Pilcher
 (ADDRESS) Maysville Mo

20. FILED May 15 1932 Mrs. Kessler Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 20 1932, to May 3 1932
 I last saw her alive on April 29 1932 Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Ovary
Uter.
131
460
 Other contributory causes of importance:
Chr. Myocarditis
Chr. Interstitial Nephritis

Name of operation Date of
 What test confirmed diagnosis? (3) 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? Y
 If so, specify
 (Signed) Dr. R. R. Reynolds, Jr.
Maysville, 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.

MIN 26 1932

