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.

JUN 24 1932

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

Do not use this space.

17166

1. PLACE OF DEATH

89 County Ray — Registration District No. 7+3 — File No.

Township Orrick — Primary Registration District No. 4445 — Registered No. 13

5 City Orrick (No. , St. Ward)

3 2. FULL NAME Sarah Ellen Overman

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/25/1853

7. AGE: YEARS 78 — MONTHS 8 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Ray Co Mo 1

FATHER
13. NAME: John Gross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 2

MOTHER
15. MAIDEN NAME: Tirzah Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~North~~ South Carolina

17. INFORMANT (ADDRESS): Silas Overman Orrick Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Riffe Cemt DATE: 5/15 1932

19. UNDERTAKER (ADDRESS): C. V. Gibson Orrick Mo

20. FILED: May 20 1932 L. E. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1931, to May 14 1932
I last saw her alive on May 14 1932. Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus	1930

Other contributory causes of importance:

Name of operation: Radium & X Ray Date of: —
What test confirmed diagnosis? ✓ 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? no
If so, specify
(Signed) Robt. Shreetz, M. D.
(Address) Orrick Mo.