

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

Do not use this space.

21890

1. PLACE OF DEATH *Barton*
 County *Barton* Registration District No. *40*
 Township *Lamar* Primary Registration District No. *4024*
 City *Lamar* St. _____ Ward _____
 2. FULL NAME *Sara Elizabeth Rector*
 (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Giles W Rector*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *aug 2 - 1851*
 7. AGE YEARS *80* MONTHS *11* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.

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) *Monitor County, Mo*

13. NAME *Howard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *31*

15. MAIDEN NAME *Sara*

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

17. INFORMANT (ADDRESS) *Mrs. Pearl Henson Partridge*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Road Prairie Cem* DATE *July 26 1932*

19. UNDERTAKER (ADDRESS) *P. C. J. Konantz*

20. FILED _____ 19 *32* *A. J. Myrath* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 25, 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *July 20, 1932*, to *July 24, 1932*
 I last saw him/her alive on *July 24, 1932*. Death is said to have occurred on the date stated above, at *7 P.* m.
 The principal cause of death and related causes of importance were as follows:

Calculus, acute Enterocolitis
1203 / 20

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) *L. G. Duckette*, M. D.
 (Address) *Lamar Mo*

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.

AUG 22 1932

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