

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.

Bishop
3651

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 1876 So. 1st) St. _____ Ward _____
2. FULL NAME Sarah L. Mege
(a) Residence, No. 1816 So. 1st 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.

File No. _____
Registered No. 174
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. E. Mege</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 29 1876</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>W. T. Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Mahala Bowers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT (ADDRESS) <u>D. E. Mege</u> <u>Resided Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>7/4</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>W. T. Bishop</u> <u>Sedalia Mo</u>		
20. FILED <u>7-4</u> 19 <u>32</u> <u>J. P. LOVE</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from June 1 1932 to July 3 1932
I last saw him alive on July 2 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Date of onset _____

121 121

Other contributory causes of importance:

Name of operation none 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) W. T. Bishop, M. D.
(Address) Sedalia Mo

AUG 25 1932

