

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10183**
City **St. Louis** (No. **2641** **Minnesota Av**)

24620

File No.....
Registered No. **6759**
St. Ward)

2. FULL NAME *Sarah Margaret Beatty*

(a) Residence, No. **2641 Minnesota Av** Ward. **17**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Allen Beatty</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1866 about</i>		
7. AGE YEARS <i>About 66</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>335</i>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i> 2		
13. NAME <i>William Mc Menis</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tennessee</i>		
15. MAIDEN NAME <i>Sarah Smith</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tennessee</i>		
17. INFORMANT <i>R. E. Beatty</i> (ADDRESS) <i>1117 S. Slingshugway</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Phillipsburg Mo</i> DATE <i>July 23</i> 19 33		
19. UNDERTAKER (ADDRESS) <i>Thos. Keltner</i> <i>2906 Hopkins Ave</i>		
20. FILED <i>all 22</i> (19 <i>May</i>) <i>W. J. ...</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21* 19**33**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *8:30 P.M.*

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

Date of onset *3-05*

Other contributory causes of importance:
191 *191* *3-05*

Name of operation _____ 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? _____
If so, specify _____
(Signed) *[Signature]* (Address) *[Address]*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WJ 37

