

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.

SEP 24 1932

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

Do not use this space.

26641

1. PLACE OF DEATH
56 County Andrew Registration District No. 477
1 Township Carleton Primary Registration District No. 4286
2 City Carleton Mo (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Ann Phipps

(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 Serge Keller Phipps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18 - 1847

7. AGE YEARS 84 MONTHS 9 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mattoon, Ill.

FATHER 13. NAME Jacob Moran Blaser 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylv

MOTHER 15. MAIDEN NAME Mary Ann Carson 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mrs. Will Shultz Dan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Calcs Court PLACE Methodist Church DATE Aug 7 1932

19. UNDERTAKER F. D. Kelly (ADDRESS) Carleton Mo

20. FILED 8-6 1932 H. W. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1932, to Aug. 5, 1932
I last saw her alive on Aug. 5, 1932. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
824
Other contributory causes of importance: _____

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) Addie Jett Fortee, M. D. (Address) Carleton Mo.

