

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

Do not use this space.

26993

1. PLACE OF DEATH

80 County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 5894
 City Sedalia (No. miles North 6.5 Highway) St. _____ Ward _____

File No. _____
 Registered No. 224
 St. _____ Ward _____

2. FULL NAME

John William Sartain
 (a) Residence No. 719 N. Quincy St. Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Rosetta Sartain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 56

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer 2
 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 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

13. NAME John J. Sartain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Missouri

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansham 2

17. INFORMANT (ADDRESS) Albert H. Sartain Smithton

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo DATE Aug 25 1932

19. UNDERTAKER (ADDRESS) McLaughlin Dube Sedalia Mo

20. FILED 8-24-32 J. J. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1932
 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 10 A. m.

The principal cause of death and related causes of importance were as follows:
Good by angry bull
188
188
 Other contributory causes of importance: _____
 Date of onset 67

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? Accident Date of injury 8-23, 1932
 Where did injury occur? Sedalia Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. on farm while at work
 Manner of injury attacked by bull
 Nature of injury chest and head

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Worked on farm
 (Signed) W. J. Bishop, M. D.
 (Address) Sedalia 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.

SEP 26 1932

