

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

Do not use this space.

31158

1. PLACE OF DEATH

County Shannon

Registration District No. 824

Township Delaware

Primary Registration District No. 6073

City (No.)

St. Ward

2. FULL NAME

Sarah Black

(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 <u>7</u>	4. COLOR OR RACE <u>H</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. T. Black</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23-1854</u>		
7. AGE YEARS <u> </u>	MONTHS <u> </u>	DAYS <u> </u>
		If LESS than 1 day, hrs. <u> </u> or min. <u> </u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Widow</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>235</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lawrence Mo

13. NAME
Joseph Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lawrence Mo

15. MAIDEN NAME
Justine Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lawrence Mo

17. INFORMANT (ADDRESS)
Dora Daugherty

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stone Hill Mo DATE 9-21- 1932

19. UNDERTAKER (ADDRESS)
None

20. FILED 9-21- 1932 Frank Hyde Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Sept 15 1932 to Sept 21 1932
I last saw him alive on Sept 15 1932 Death is said to have occurred on the date stated above, at 12-30 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
Hob 466

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) Frank Hyde, M. D.
(Address) Lawrence 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.

78-6-28 OCT 30 1932

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NO 3
7/2 1

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn
Township Ocala
City St. Louis (No.)

Registration District No. 824
Primary Registration District No. 6073

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23, 1854
7. AGE YEARS 78 MONTHS 6 DAYS 28
If LESS than 1 day, ... hrs. or min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19

19. UNDERTAKER (ADDRESS)

20. FILED 9-21, 1952 Frank Hyde Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

to, to, 19...

I last saw h. alive on, 19... Death is said

to have occurred on the date stated above, at, m.

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

Date of onset

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) , M. D.

(Address)

5-31158