

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

Do not use this space.

32104

86

1. PLACE OF DEATH

46 County, Haskell
3 Township, West Plains, Mo
4 City, West Plains, Mo

Registration District No. 384
Primary Registration District No. 4727

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

2. FULL NAME

Sadie Ellen Faggart

(a) Residence, No. _____ 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 Fe 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>58</u>	<u>1</u>	<u>05</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 217

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) Hardaway Co., Mo

FATHER 13. NAME Jno. Arrington

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

MOTHER 15. MAIDEN NAME Elizabeth Thomas

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

17. INFORMANT Mrs. Ophel McCallow
(ADDRESS) West Plains, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Lawn DATE 10/13- 1920

19. UNDERTAKER (ADDRESS) McFarland
West Plains, Mo

20. FILED 10-16 1920 O.P.A. Heinrich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11- 1930

22. I HEREBY CERTIFY, That I attended deceased from Summer of 1930 to October, 1932
I last saw h. ex. alive on October 20, 1930 death is said to have occurred on the date stated above, at 3:37 p.m.

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

Cancer of Uterus 1930
48 48
Other contributory causes of importance: _____

Name of operation Radium Date of 1930/31
What test confirmed diagnosis? all Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury 1930, 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) _____ M. D.

(Address) West Plains, 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.

NOV 8 3 1932

