

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

Do not use this space.

34717

1. PLACE OF DEATH

7 County Bates Registration District No. 50
 3 Township _____ Primary Registration District No. 3004
 4 City Butler (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 74

2. FULL NAME

Mrs Sarah Jane Duvall
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 0 10

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

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

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) Crestline Ohio

13. NAME Don't know Whistler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Will Duvall (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walc Hill DATE Nov 8

19. UNDERTAKER Culver's (ADDRESS) Butler Mo.

20. FILED Nov 8 1932 Anna L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7 1932

22. I HEREBY CERTIFY That I attended deceased from August 131 to Nov 7th 1932

I last saw her alive on Nov 6th 1932 Death is said to have occurred on the date stated above, at 11 a.m.

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

Chronic Myocarditis
131
93C 131
 Other contributory causes of importance:
Chronic Nephritis 1

Name of operation _____ Date of _____
 What test confirmed diagnosis Chronic 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? no

If so, specify _____ (Signed) A. G. Ladane, M. D.

(Address) Butler Mo.

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

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.

1932

