

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

Do not use this space.

36246

File No. _____
Registered No. 37
St. _____ Ward _____

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1932
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1. PLACE OF DEATH

County Lawrence Registration District No. 468
Township North Prairie Primary Registration District No. 4281
City Marionville (No. _____)

2. FULL NAME

Sarah Catherine Overstreet

(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 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lilas Overstreet</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>10</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	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) <u>Cherokee Mo</u>				
FATHER	13. NAME <u>John McCall</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Black</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT (ADDRESS) <u>John Overstreet Marionville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville Cemetery</u> DATE <u>Nov. 29th</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>A. S. Wallace Billings Mo</u>				
20. FILED <u>Dec 3</u> 19 <u>32</u> <u>R. Andrews</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1932, to Nov. 29th 1932.

I last saw her alive on Nov. 29th 1932. Death is said

to have occurred on the date stated above, at 10:45 a.m.

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

Senility
1102 1102
Date of onset 1932

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? symptoms. 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) F. W. Lester, M. D.

(Address) Marionville, 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.

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