

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

Lemmon
Do not use this space.

39268

1. PLACE OF DEATH
 39 County *Greene* Registration District No. *318*
 3 Township *Springfield* Primary Registration District No. *700*
 5 City *Springfield* (No. *2410 N. Boulevard*) Registered No. *888*
 2. FULL NAME *Sarah Elizabeth Mc. Murry* St. _____ Ward _____
 (a) Residence, No. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode) *2410 N. Boulevard*
 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 10 - 1866*
 7. AGE YEARS *66* MONTHS *6* DAYS *7* If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House keeping*
 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) *Mo. 1*
 13. NAME *Kiley Morris*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. 2*
 15. MAIDEN NAME *Nancy Cook*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 17. INFORMANT (ADDRESS) *Mrs. J. M. Roberts, no. Springfield, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn Cemetery* DATE *Dec 19 1932*
 19. UNDERTAKER (ADDRESS) *J. W. McKinney & Co. Springfield, Mo.*
 20. FILED *12-19-1932* *Ralph W. Sangston Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/17 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *11/15 1932* to *12/17 1932*
 I last saw her alive on *12/17 1932* 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:
Cerebral haemorrhage Date of onset *11/20*
82A 82A
 Other contributory causes of importance: _____
 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 _____ 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) *J. A. Lemmon*, M. D.
 (Address) _____ **SPRINGFIELD, 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.

JAN 23 1933

