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

Do not use this space.

Dr. Feller

983

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

3 Township — Primary Registration District No. 2001 — Registered No. 24

5 City Springfield Mo. No. 827 S. Weaver St. (Ward)

2. FULL NAME Sarah A. Craig

(a) Residence, No. 827 S. Weaver St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1857

7. AGE: YEARS 75 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville

FATHER

13. NAME Nathan D. Hoover

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

MOTHER

15. MAIDEN NAME Sarah Dawson

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

17. INFORMANT (ADDRESS) W. M. Gifford Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE Jan 8 1933

19. UNDERTAKER (ADDRESS) Dema Lohmeyer Home Springfield Mo.

20. FILED 1 - 7 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1932 to Jan 5 1933

I last saw her alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 11:45 A.

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

	Date of onset
Influenza followed by Myocarditis acute	Dec 19
11B	
9 SH	

11B

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? .....

If so, specify .....

(Signed) C. E. Feller, 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 [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.