

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.

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Reynolds  
City Appleton (No.       )

Registration District No. 352  
Primary Registration District No. 549B

File No. 1147  
Registered No. 1  
St.        Ward       

2. FULL NAME Sarah Rachel Dewese

(a) Residence, No.        St.        Ward         
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF James Galt Dewese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 5 10

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Ill

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME James Julius Galt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X

17. INFORMANT (ADDRESS) Julia Larson

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City DATE Jan 12 1933

19. UNDERTAKER (ADDRESS) R. R. Kenney

20. FILED Jan 12 1933 John Miller Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1933

22. I HEREBY CERTIFY That I attended deceased from 12-31-32, 19      , to 1-10-33, 19        
I last saw him alive on 1-9-33, 19       Death is said to have occurred on the date stated above, at 5<sup>00</sup> a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
59  
82A  
59  
Other contributory causes of importance: Diabetes mellitus  
Date of onset about 1918

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy?       

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) W. A. Cleet M. D.  
(Address) Appleton City, Mo.

MAR 20 1947