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

Do not use this space.

5265

1. PLACE OF DEATH

34 County Douglas — Registration District No. 1071. — File No.

Township Walls — Primary Registration District No. 5398. — Registered No. 3.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Sarah Ann Hamby

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

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Lon Hamby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7, 1878.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Feb 1933
11. Total time (years) spent in this occupation 40.

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

FATHER

13. NAME Wm W. Spurlock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Sarah E. Shelton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) R. F. Spurlock Ava Mo.

18. BURIAL, CREMATION, OR REMOVAL. PLACE Fannon Cem DATE Feb 23 1933

19. UNDERTAKER (ADDRESS) Neighbors Ava Mo

20. FILED 2/22, 1933. E. G. Warden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933, to Feb 22, 1933

I last saw her alive on Feb 22, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Influenza	Feb 16-33
Bronchial Pneumonia	Feb 17-33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Diag 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) R. M. Norman, M. D.

(Address) Ava Mo