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.

ADD 24 1933

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

Do not use this space.

8742

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125 — File No.

Township — Primary Registration District No. 3009 — Registered No. 7 12

8 City Cape Girardeau (No. Southeast, Mo Hospital St. Ward)

2. FULL NAME Karraker, Sadie

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

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	Caucasian	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Karraker, Arthur O.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	2	4	

OCCUPATION

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.

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) Union Co. Ill

FATHER

13. NAME Sowers, John

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Ill

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Karraker, Arthur O. Dongola Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Cemetery DATE Mar 23 1933

19. UNDERTAKER (ADDRESS) Elmer J. Ford Dongola, Ill.

20. FILED 3/23 1933 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to March, 1933

I last saw her alive on Mch 21, 1933. Death is said to have occurred on the date stated above, at 11 10 a.m.

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

Tuberculosis Pulmonalis — Date of onset

23A

7 7 3

110B

Other contributory causes of importance:

Tuberculous Laryngitis

Tuberculous Enteritis

Name of operation Pneumothorax Date of Many

What test confirmed diagnosis? Very 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) Carl W. Zimmermann, M. D.

(Address) Cape Girardeau Mo.