

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.

AUG 22 1933

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

Do not use this space.

15964A

1. PLACE OF DEATH
20 County Cedar Registration District No. 165
3 Township Union Primary Registration District No. 3231
City Stockton (No.) St. Ward

2. FULL NAME Sarah Alice Wrenn
(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) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. C. Wrenn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 5 1857
7. AGE YEARS 73 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Ky.
13. NAME J. T. Duckles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
15. MAIDEN NAME Emily Pyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
17. INFORMANT (ADDRESS) J. E. Dunn
18. BURIAL, CREMATION, OR REMOVAL PLACE Dunn Spring DATE Jun 4 1933
19. UNDERTAKER (ADDRESS) W. C. Harris & Co.
Stockton, Mo.
20. FILED Aug 1933 E. S. Smith Registrar.
Mary Boyless

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1933
22. I HEREBY CERTIFY, That I attended deceased from May 30 1933 to July 30 1933
I last saw h. alive on 19 Death is said to have occurred on the date stated above, at about noon
The principal cause of death and related causes of importance were as follows:
Some form of heart trouble did not see her alive
Date of onset
Other contributory causes of importance:
good
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?
If so, specify
(Signed) J. P. Brown M. D.
(Address) Stockton Mo

