

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

Do not use this space.

17095

1. PLACE OF DEATH

59 County Brunswick Registration District No. 5-13-
Township Blue Mound Primary Registration District No. 5-684
City (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah A. Dent
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Dent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-20-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>1</u>	<u>13</u>	

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

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

13. NAME George W. Kiesel

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

15. MAIDEN NAME Mary A. Hunt

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

17. INFORMANT (ADDRESS) Miss Emma Dent, Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling, W. Va. DATE May 5, 1933

19. UNDERTAKER (ADDRESS) Jas. D. Gordon, Chillicothe, Mo.

20. FILED May 6, 1933 Teresa A. Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-3-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932 to May 3, 1933
I last saw her alive on May 3, 1933. Death is said to have occurred on the date stated above, at 10:38 am.
The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis Date of onset _____
about 9 years ago.
Other contributory causes of importance: None

Name of operation none Date _____
What test confirmed diagnosis? Physician's report 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) J. M. Groep M. D.
(Address) Chillicothe - Mo.

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.

NON-FADING INK—THIS IS A PERMANENT RECORD

MAY 22 1933

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