

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

Do not use this space.

19310

File No. _____
Registered No. **17** _____
St. _____ Ward _____

1. PLACE OF DEATH
County **Davess** Registration District No. **254**
Township **Benton** Primary Registration District No. **415-4**
City **Pattersonburg, Mo.** (No. _____) St. _____ Ward _____

2. FULL NAME **Sarah Ann Cory**
(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 **F.** 4. COLOR OR RACE **w** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charley C Cory (Deed)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7 - 1858**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
75	3	3	24	

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. **Housewife**

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) **Davess Co Mo.**

13. NAME **Samuel Stout**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Davess Co Mo.**

15. MAIDEN NAME **Lucinda Fancher**

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

17. INFORMANT (ADDRESS) **John H. Hedrick Pattersonburg Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Muddy** DATE **June 27, 1933**

19. UNDERTAKER (ADDRESS) **G. Groner Pattersonburg Mo.**

20. FILED **June 25, 1933** **John H. Hedrick** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 25, 1933**

22. I HEREBY CERTIFY, that I attended deceased from **May 10, 1933** to **June 26, 1933**

I last saw him alive on **June 10, 1933** Death is said to have occurred on the date stated above, at **7:45 P. M.**

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

Chronic Interstitial Nephritis

Date of onset _____

Other contributory causes of importance: **121** **131**

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 **8**, 19____

Where did injury occur? **A** (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 **Frank Hedrick**, M. D.
(Signed) **Pattersonburg**
(Address) _____

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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