

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

Do not use this space.

19365

1. PLACE OF DEATH
 35 County Dunklin Registration District No. 289
 Township Atterville Primary Registration District No. 5407
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Elizabeth Lentz
 (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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Lentz
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 07-1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 19
 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. _____
 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) Dunklin Co.
 13. NAME John Norman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Mary Wells
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) C. A. Lentz, Malden
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 6-27 1933
 19. UNDERTAKER (ADDRESS) W. H. Craig, Malden
 20. FILED 6/26 1933 Hosner Beall
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26 1933
 22. I HEREBY CERTIFY That I attended deceased from June 20 1933 to June 26 1933
 I last saw her alive on June 15 1933 Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
Illness - Colitis
 Date of onset 6/20/33
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Physic 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) Hosner Beall, M. D.
 (Address) Malden

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Beall.

31
31

AUG 22 1933

