

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

Do not use this space.

20488

1. PLACE OF DEATH

72 County Missouri Madrid Registration District No. 274
Township Chester Primary Registration District No. 6261
City (No. St. Ward)

2. FULL NAME

Sara M. McBride
(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 Blk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-18
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Mo.

13. NAME Regina McBride

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

15. MAIDEN NAME Russell Bryant

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

17. INFORMANT Sara M. McBride
(ADDRESS) Lithbourne Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE James Powell DATE 6-12 1933

19. UNDERTAKER Bill Cross
(ADDRESS) Lithbourne Mo.

20. FILED July 10, 1933 E. E. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to June 11, 1933

I last saw her alive on June 7, 1933. Death is said to have occurred on the date stated above, at h.a.

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

Colitis
1200 / 1190
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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) E. E. Jones, M. D.

(Address) Lithbourne, 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.

AUG 20 1933

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