

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

Do not use this space.

23511

1. PLACE OF DEATH

County Jasper Registration District No. 412
 Township _____ Primary Registration District No. 5570
 City Neke City (No. 4244) St. _____ Ward) _____

File No. 2
 Registered No. 7

2. FULL NAME

Sarah C. Busby
 (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 30 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Shos. Busby
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 17, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Jesse Heston
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) New York
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

14. INFORMANT Mattie Busby
 (Address) Neke City, Milorganie

15. FILED 2/5, 1933 Charles S. Scafe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2, 1933
 17. HEREBY CERTIFY, That I attended deceased from July 2, 1933 to July 2, 1933
 that last saw her alive on July 28, 1933 and that death occurred, on the date stated above, at 7:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Enteritis
 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) D.A. Carlyle, M. D.
7-3, 1933 (Address) Albany, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Purcell Cemetery DATE OF BURIAL July 5, 1933

20. UNDERTAKER Free Mortuary ADDRESS Gallego

6099 9 9 1933

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7/5/33

