

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

Do not use this space.

36956

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.

JAN 2 1934

1. PLACE OF DEATH
 County Jackson Registration District No. 421
 Township Platteau Primary Registration District No. 5576
 City (No. _____) St. _____ Ward _____

2. FULL NAME Sarah C Caballado
 (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31/1839

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	<u>94</u>	<u>5</u>	<u>26</u>	

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

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) Meritt Mo

FATHER

13. NAME Stephen Osborn

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

MOTHER

15. MAIDEN NAME Mary Ogli

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

17. INFORMANT (ADDRESS) A. W. Caballado, Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Meritt Mo DATE 11/28, 1933

19. UNDERTAKER (ADDRESS) Single and Co, Jackson Mo

20. FILED 1/28, 1934 J. E. Rutledge, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Nov 26, 1933
 I last saw her alive on Nov 22, 1933, Death is said to have occurred on the date stated above, at 12:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Valvular heart disease
Asthma
Arteriosclerosis
 Date of onset 3 mo

Other contributory causes of importance:
97
112

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) Normal W. Jarvis, M. D.
 (Address) Meritt, Mo

