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.

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

Do not use this space.

37140

1. PLACE OF DEATH
County Madison
Township Polk
City ..... (No. ..... St. ..... Ward)

Registration District No. 5538
Primary Registration District No. 5729

File No. .....
Registered No. 53

2. FULL NAME Sarah Elizabeth Pogue

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Madison Co. Mo

FATHER
13. NAME Frances B. Matthews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

MOTHER
15. MAIDEN NAME Nancy Skaggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

17. INFORMANT (ADDRESS) James Pogue Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Madison Co. Mo DATE Nov 26 1933

19. UNDERTAKER (ADDRESS) Ed. H. Webb Fredericktown, Mo.

20. FILED Nov 26 1933 S. C. Slaughter Registrar.

By E. A. Schwarz

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1933, to Nov. 25, 1933
I last saw her alive on Nov. 24, 1933. Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	Unknown
HCB	

Other contributory causes of importance: LIO

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 ....., 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. Higdon, M. D.
(Address) Fredericktown, Mo.