

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

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

Do not use this space.

1850

1. PLACE OF DEATH
County Madison Registration District No. 538 File No. _____
Township _____ Primary Registration District No. 3028 Registered No. 4
City Fredericktown (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Stewart
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J. Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1844
7. AGE YEARS 89 MONTHS 10 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Missouri
13. NAME Nicholas Counte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Mrs. Louisa Watt (ADDRESS) Fredericktown Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Highdon DATE Jan. 14 1934
19. UNDERTAKER Ed. Herbst (ADDRESS) Fredericktown Mo
20. FILED Jan 14 1934 S. C. B. Langhler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1933 to Jan. 12 1934
I last saw h. or alive on Jan. 11 1934. Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset Dec 28-29
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Other contributory causes of importance: _____
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) F. E. Highdon, M. D.
(Address) Fredericktown Mo

By G. W. Schwaner

