

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Andrew Registration District No. 13
Township _____ Primary Registration District No. 4010
City Savannah No. Dr. Nichols's Sanatorium St. _____ Ward _____

File No. 3799

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Lewiston Idaho
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Jansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1867

7. AGE YEARS 66 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. _____ min.

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

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) Jan. 1934 11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown. Illinois

13. NAME Talbot Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

15. MAIDEN NAME Sarah Haines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

17. INFORMANT Vassar Shaughnessy Funeral Home (ADDRESS) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewiston Idaho DATE March 4 1934

19. UNDERTAKER Frank A. Bowman (ADDRESS) Savannah Mo

20. FILED Feb 28 1934 Mrs. A. R. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to 2-27, 1934. I last saw him alive on 2-27, 1934. Death is said to have occurred on the date stated above, at 6:30 a.m. The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
50
50
Other contributory causes of importance: Coronary lip heart 2911
Date of onset 1 day

Name of operation left breast removed Date of 1-28-34
What test confirmed diagnosis? Roman pathol 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) William W. Stearns, M. D.
(Address) Savannah Mo

