

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Noda way
Township Polk
City Maryville.

Registration District No. 625
Primary Registration District No. 2031

File No. 13703
Registered No. 26
St. _____ Ward _____

2. FULL NAME Sarah Elizabeth Eads.

(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 <u>Female</u>	4. COLOR OR RACE <u>White.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Colonel Eads.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 20, 1866</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>1</u>
		DAYS
		<u>13</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>
	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) Smithville Va.
(STATE OR COUNTRY)13. NAME John Grosclouse14. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)17. INFORMANT Mrs Morris Kelley,
(ADDRESS) Maryville Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE King City, Mo. DATE April 5, 193419. UNDERTAKER Price Funeral Home.
(ADDRESS)20. FILED Apr 5, 19 4 Maryville
Maime E. Clardy
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1934 19

22. I HEREBY CERTIFY, That I attended deceased from
March 5, 1934, to April 3, 1934
I last saw her alive on April 3, 1934 Death is said
to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Fibrillation
95A
102 A 50
Other contributory causes of importance:
Essential Hypertension

Date of onset

1932?

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. Blomgren, M. D.(Address) Maryville

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.

