

MAY 25 1934

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

Do not use this space.

13388

15436

1. PLACE OF DEATH

County StoddardRegistration District No. 836Township LibertyPrimary Registration District No. 6098aCity Powersmo (No. _____) St. _____ Ward _____

File No. _____

Registered No. 212. FULL NAME Sarah Francis Cox

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhiteWidow

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

Wife.

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

3-14-1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

81017

OCCUPATION

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

None

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)

Illinois Union Co

13. NAME

John Borer

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

Illinois Union Co

15. MAIDEN NAME

Agnes Somers

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

don't no

17. INFORMANT (ADDRESS)

Milly Huff.

18. BURIAL, CREMATION, OR REMOVAL

PLACE BethesdaDATE 4-3-1934

19. UNDERTAKER (ADDRESS)

BMS Hopkins Bonnie mo

20. FILED

Apr 3 1934 by Louise Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-193422. I HEREBY CERTIFY, That I attended deceased from 3-28-1934 to 4-1-1934I last saw him alive on 3-28-1934 Death is said to have occurred on the date stated above, at 11:35 p.m.

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

Senility

Date of onset

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? _____

If so, specify _____

(Signed) Dawsey Ryan, M. D.(Address) Berger mo

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.

