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#2 Wright.

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS 15587

Special Agent,

Jefferson City, Mo.

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Sarah Jones

Who died at _____ on Apr. - 28 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced:

Date of birth April 28 - 1841 Age: Years 93 Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 8 Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Hemiplegia - DO NOT KNOW CAUSE

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

Was death 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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician 7 J St Lloyd

Signature of Registrar [Signature]

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 949

Primary Reg. Dist. No. 6225-

E. T. McGaugh, M.D.
Special Agent. mtk

AGE should be stated EXACTLY

be carefully supplied

RECEIVED BY COMMERCIAL

COMMERCIAL BANK

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 03-08-2001 BY 60322 UCBAW/STP/STP

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of the case fully apply. A copy of the report should be sent to the DIRECTOR, PHYSICIAN'S OFFICE, etc.