

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

Do not use this space.

1. PLACE OF DEATH *Brandy*  
 County.....  
 Registration District No. *328*  
 Township.....  
 Primary Registration District No. *3017*  
 City *Trenton* (No. ....) St. .... Ward)  
 2. FULL NAME *Sarah Elizabeth Hurt*  
 (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 *60* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. *24189*  
 Registered No. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 23<sup>rd</sup> 1872*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*61 9 22*  
 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. *Invalid*  
 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) *Indiana*  
 FATHER 13. NAME *Adam Van Cleave*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*  
 MOTHER 15. MAIDEN NAME *Martha Eliza McCouel*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*  
 17. INFORMANT *William Van Cleave*  
 (ADDRESS) *Trenton, Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *NAP Cemetery* DATE *July 17 1934*  
 19. UNDERTAKER *Bern C. D. ...*  
 (ADDRESS) *Trenton Mo*  
 20. FILED *7-17 1934* *Gene D. Fair*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 15 1934*  
 22. I HEREBY CERTIFY, That I attended deceased from *June 1930*, 1930, to *July 15*, 1934  
 I last saw her alive on *July 15*, 1934 Death is said to have occurred on the date stated above, at *6 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*54*  
*Diabetes Mellitus*  
 Other contributory causes of importance:  
*67*  
 Name of operation *none* 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. *Siborah Poan*, M. D.  
 (Signed) *Trenton Mo*  
 (Address)

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.

AUG 9 1934

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