

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.

APR 22 1935

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

Do not use this space.

25-461-a

## 1. PLACE OF DEATH

County Marion  
Township Jefferson  
City Belle

Registration District No. 541  
Primary Registration District No. 4231

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Sarah E. Underwood

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 32 mos. 0 ds. 22 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George D. Underwood  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1848  
7. AGE YEARS 85 MONTHS 7 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Camden County  
(STATE OR COUNTRY) Missouri

## FATHER

13. NAME Charles Cummins

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

## MOTHER

15. MAIDEN NAME Frances Lewis

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

17. INFORMANT Clara Paulsell  
(ADDRESS) Edwards, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACES Liberty Cemetery DATE July 22, 1934

19. UNDERTAKER Ed. K. Klier  
(ADDRESS) Belle, Mo.

20. FILED 4-18-1936 Lemora Johnson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20-1934

22. I HEREBY CERTIFY, That I attended deceased from July 4-1934 to July 10-1934

I last saw her alive on July 17-1934. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ mo.

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

Chronic Interstitial Nephritis Date of onset unknown

Other contributory causes of importance: Serumity

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms 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) Ch. R. Paulsell M. D.

(Address) Belle, Mo.

