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

Do not use this space.

28062

File No. 134

Registered No.

1. PLACE OF DEATH

County: Vernon

Township: Washington

City: Nevada, Mo. (No. ..., ... St. ..... Ward)

Registration District No. 875

Primary Registration District No. 6162

2. FULL NAME: Bland, Sarah

(a) Residence, No. State Hospital No 3 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. ds. 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*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1, 1849

7. AGE: Years 85 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Tennessee

FATHER

13. NAME: James Watkins

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

MOTHER

15. MAIDEN NAME: McMillen

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

17. INFORMANT (ADDRESS): Mrs M. I. Finley 1318 Independence K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Lockwood, Mo. DATE: July 14, 1934

19. UNDERTAKER (ADDRESS): Ferry Funeral Home Nevada Mo

20. FILED: July 14, 1934 W. M. Nunn. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 12, 1934

I last saw her alive on July 12, 1934. Death is said to have occurred on the date stated above, at 10 20 p.m.

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

	Date of onset
Bronchopneumonia	7-5-34

Other contributory causes of importance:

Chronic Myocarditis

Senility

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? No 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) Roy W. Pearce Jr., M. D.

(Address) State Hospital No 3, Nevada 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.

AUG 14 1934

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