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

Do not use this space.

1. PLACE OF DEATH

County: Johnson — Registration District No. 437 — File No. 29844

Township: Rose Hill — Primary Registration District No. 5594 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sarah Jane Whiteman

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

Length of residence in city or town where death occurred 43 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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25-1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER Amstead Nay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT S. R. Whiteman
(Address) Holden Mo

15. FILED Aug 3, 1934 Anna M Coleman REGISTRAR
Address Holden, Mo, R4D no 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 1st 1934

17. I HEREBY CERTIFY, That I attended deceased from July 27th, 1934 to Aug. 1st, 1934 that I last saw her alive on July 31, 1934, 19..., and that death occurred, on the date stated above, at 3,45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure

191

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Heat Prostration

several days (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. L. Bells, M. D.

, 19 (Address) Magnolia, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bear Creek Cemetery	Aug 3 1934
20. UNDERTAKER	**ADDRESS**
T W Goodman	Holden 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 21 1934