

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

Do not use this space.

JAN 18 1935

1. PLACE OF DEATH

County Livingston
Township.....
City Chillicothe (No. St. Ward)

Registration District No. 508
Primary Registration District No. 3024

File No. 43597
Registered No. 158

2. FULL NAME Sarah Jane Edwards

(a) Residence, No. 640 Commercial St. 2nd Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1947

7. AGE YEARS 87 MONTHS 7 DAYS 8 IF LESS than 1 day, hrs. or min.

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

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) Verg.

13. NAME David Williams

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

15. MAIDEN NAME Elyzabeth Burnett

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

17. INFORMANT Mrs. S. A. Phillips (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 12-18 1934

19. UNDERTAKER F. B. NORMAN (ADDRESS) Chillicothe, Mo.

20. FILED Dec. 17, 1934 Donald G. Daulton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1932, to Dec 14 1934. I last saw him alive on Dec 15 1934. Death is said to have occurred on the date stated above, at 10 a. m.

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

Chronic myocarditis Date of onset Jan. 22
93C
67
430
Other contributory causes of importance:
Senility

Name of operation..... Date of.....
What test confirmed diagnosis? Physical exam 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) M. J. Russell, M. D., M. D.
(Address) Chillicothe, 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.

