

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.

JAN 9 1935

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

Do not use this space.

44209

1. PLACE OF DEATH  
County St. Francis Co Registration District No. 773  
Township St. Francis Primary Registration District No. 6018A  
City Harrison (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Seigensen  
(a) Residence, No. Knob Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (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 F 4. COLOR OR RACE wt 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 (approx)  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wk.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) 1903 11. Total time (years) spent in this occupation. unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co

FATHER 13. NAME Seigensen  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME unk  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Edwpt Reed

18. BURIAL, CREMATION, OR REMOVAL PLACE Possum Hollow DATE Dec. 9, 1934

19. UNDERTAKER (ADDRESS) Heidert Farmington Mo

20. FILED Dec 9, 1934 J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-1934  
22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933, to 12-8-1934.  
I last saw him alive on 12-8-34, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:10 pm.  
The principal cause of death and related causes of importance were as follows:

Sarcinoma Rt breast with metastasis to axillae, chest wall & lungs - but not eyes.  
Other contributory causes of importance: Renal & Prostate  
Gen Arteriosclerosis

Name of operation none Date of none  
What test confirmed diagnosis in this Was there an autopsy none

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 home, or in public place. none  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) G. J. Wis Graves Jr, M. D.  
(Address) St. Mary 4.

