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

Do not use this space.

4820

MAR 21 1935

1. PLACE OF DEATH
County Crawford
Township Liberty
City (No. , St. Ward)

Registration District No. 233
Primary Registration District No. 5318

File No.
Registered No. 271

2. FULL NAME Sarah Ann Mallow
(a) Residence, No. Leasburg Mo. 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: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josh Mallow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1847

7. AGE: Years 87 | Months 2 | Days 17 | If LESS than 1 day, hrs. or 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) (STATE OR COUNTRY) South Carolina

FATHER
13. NAME Posy E. Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Margrit Leakey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Frank Woods, Leasburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem. DATE Feb 13 1935

19. UNDERTAKER (ADDRESS) None

20. FILED Feb 13 1935 W. F. Drum M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1935 to Feb 12 1935
I last saw h.. alive on Feb 12 1935. Death is said to have occurred on the date stated above, at 8.57 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | |

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) W. F. Drum, M. D.
(Address) Leasburg 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.