

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.

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

Do not use this space.

9671

APR 1 905

1. PLACE OF DEATH

County Salayette Registration District No. 461 File No. 22
Township Belington Primary Registration District No. 2024 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Francis O'Dell
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 1905

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF George Thomas

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1904, to Mar 17 1905

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1850

I last saw him alive on Mar 16 1905 Death is said to have occurred on the date stated above, at 1:00 p.m.

7. AGE YEARS 84 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.

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

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. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Arteriosclerosis Date of onset _____
97
Other contributory causes of importance: Brain & Reflexes

12. BIRTHPLACE (CITY OR TOWN) Sumner Co (STATE OR COUNTRY) Tennessee

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

MOTHER FATHER 13. NAME George Phelps

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

MOTHER 15. MAIDEN NAME Mary G. Lowers

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

17. INFORMANT Mrs Andy Thomas (ADDRESS) Belington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Belington Mo DATE Mar 19 05

19. UNDERTAKER Forest Feagert (ADDRESS) Belington Mo

20. FILED Mar - 18 1905 Jay B. Bates Registrar.

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. H. P. [Signature], M. D.
(Address) Belington Mo

