

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 2 1935

11648

1. PLACE OF DEATH

County Stone  
Township Union  
City (No. ) (No. ) St. ( ) Ward ( )

Registration District No. 846  
Primary Registration District No. 6110

File No. \_\_\_\_\_  
Registered No. 2

2. FULL NAME

Sarah P. Gold

(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 (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 - 1935

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Gold

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1935, to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on Mar 8 1935 Death is said to have occurred on the date stated above, at 4:30 P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1857

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

7. AGE YEARS MONTHS DAYS if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 8 21

Other contributory causes of importance:  
Bronchitis

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housekeeper

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

Date of onset Mar 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Jonathan White

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

15. MAIDEN NAME Elizabeth Estes

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

17. INFORMANT Mr. Hershel Gold (ADDRESS) Billing, Mo. R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cem DATE Mar. 9 - 1935

19. UNDERTAKER J. W. Maples (ADDRESS) Chester, Mo.

20. FILED 3-10- 1935 A. G. Shuman Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? W.P. 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? No  
If so, specify \_\_\_\_\_  
(Signed) J. C. Wilkerson \_\_\_\_\_, M. D.  
(Address) Chester Mo

