

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.

1935

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

Do not use this space.

11778-a

1. PLACE OF DEATH

County Wright
Township Mountain Grove
City Mountain Grove (No.)

Registration District No. 908
Primary Registration District No. 6222

File No.
Registered No. 31
St. Ward

2. FULL NAME Sarah Nicholson

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Nicholson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1899
7. AGE YEARS 35 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Wright Co. Missouri
(STATE OR COUNTRY)

FATHER
13. NAME Sill Wessley

14. BIRTHPLACE (CITY OR TOWN) Wright Co. Missouri
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Lucia Franklin

16. BIRTHPLACE (CITY OR TOWN) Wright Co. Missouri
(STATE OR COUNTRY)

17. INFORMANT W. M. Nicholson
(ADDRESS) Mountain Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Putchard DATE 5-2-35

19. UNDERTAKER
(ADDRESS)

20. FILED 5-2- 1935 Bernie Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to May 1, 1935
I last saw her alive on May 1, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Eclampsia

Date of report 7/27/35

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) H. V. Fleimburger M.D.

(Address) Mountain Grove, Mo.

see state course
eclampsia
in peral or etc?

Dr. Heimbarger
is not here at
present. address
unknown.

Please sign as Registrar. State
date filed, and return at once.

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township.....
City..... (No.)

Registration District No. 908
Primary Registration District No. 6222

File No.....
Registered No. 31
St. Ward)

2. FULL NAME

Sarah Nicholson

(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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 9 0

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7-15 1938 Bessie Montgomery (Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Eclampsia Date of onset

Other contributory causes of importance:

Name of operation WHP 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 obtainable - 1st
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed)....., M. D.

CLIPPING

JUL 12 1985

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