

Dr. McHaney

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

Do not use this space.

422505

**1. PLACE OF DEATH**

26 County Cole Registration District No. 213 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 216  
 City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Sarah Margaret McCammon

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-2-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
91 6 4

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) Tennessee  
 (STATE OR COUNTRY)

13. NAME Jabez Fitzgerald

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

15. MAIDEN NAME Caroline Kirkpatrick

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

17. INFORMANT J. W. McCammon  
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattonsburg, Mo DATE July-7- 19 35

19. UNDERTAKER Thos J. Gordon  
 (ADDRESS) Jefferson City, Mo

20. FILED 7/16/35 19 35 Dr. McHaney  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6<sup>th</sup>, 19 35

22. I HEREBY CERTIFY That I attended deceased from May 2 19 35 to July 6<sup>th</sup> 19 35

I last saw him alive on July 6<sup>th</sup>, 19 35 Death is said to have occurred on the date stated above at 12:00 Noon

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

Chronic Myocarditis  
Chronic Nephritis  
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Acute Otitis Media

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) John W. McHaney, M. D.  
 (Address) Jefferson City, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

