

JUL 20 1936

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

Do not use this space.

22595-6

1. PLACE OF DEATH

County Douglas Registration District No. _____
Township Campbell Primary Registration District No. _____
City Cross Roads No. _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Samuel Hugh Sartin
(a) Residence, No. Cross Roads 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 Male 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 Elsie Sartin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1892-2-15

7. AGE YEARS 43 MONTHS 5 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Seymour Mo (STATE OR COUNTRY) Mo state

13. NAME Jesse Sartin

14. BIRTHPLACE (CITY OR TOWN) Rt. 4 Seymour Mo (STATE OR COUNTRY)

15. MAIDEN NAME Lucinda Dillon

16. BIRTHPLACE (CITY OR TOWN) Rt. 4 Seymour (STATE OR COUNTRY)

17. INFORMANT Mrs. Carl Husband (ADDRESS) Cross Roads Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Home DATE July 16 1936

19. UNDERTAKER People (ADDRESS) _____

20. FILED June 18 1936 Dora Mendenhall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936

22. I HEREBY CERTIFY, that I attended deceased from July 13 1936, to July 14 1936. I last saw him alive on July 14 1936. 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:
Typhoid fever

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) J. E. Ellis (M.D.) M. D.
(Address) Rome, 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.

