

AUG 17 1935

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

Do not use this space.

23627

1. PLACE OF DEATH

County Linn
Township Locust Creek
City Linneus (No.)

Registration District No. 501
Primary Registration District No. 4304

File No.
Registered No.
St. Ward)

2. FULL NAME

Sarah G. Duffield

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Duffield		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 15 1849		
7. AGE YEARS 85	MONTHS 9	DAYS 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife		
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) (STATE OR COUNTRY) Eldon Iowa		
13. NAME Lorenzoo McMickle		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXXXXXXXXXXX Indiana		
15. MAIDEN NAME Martha Stroud		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXXXXXXXXXXX Iowa		
17. INFORMANT (ADDRESS) Mrs. Mary Woolf Linneus, Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Haseville Cem. DATE July 9th 1935		
19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.		
20. FILED 8-10 1935 J W Webb Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1934, to July 8, 1935
I last saw her alive on July 7, 1935. Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:
Auricular fibrillation
Date of onset June 9, 1935

Other contributory causes of importance:
Arteriosclerosis
Emphysema

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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. W. Webb, M. D.
(Address) Linneus, 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.

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Dear Sir,

I am writing to you regarding the matter of the...

Yours faithfully,

...

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