

NOV 31 1935

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

Do not use this space.

32370

1. PLACE OF DEATH

County Gentry
Township Aches
City Albany (No.)

Registration District No. 309
Primary Registration District No. 54275

File No.
Registered No. 52
St. Ward)

2. FULL NAME Sarah A. Edgell

(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 James Edgell				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1862				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	9	21	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
	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) **Unknown**
(STATE OR COUNTRY) **Illinois**

13. NAME **Sidney Shaw**

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

15. MAIDEN NAME **Ellen Williams**

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

17. INFORMANT **James Edgell**
(ADDRESS) **Albany, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenfield, Ind.** DATE **Oct. 8, 1935**

19. UNDERTAKER **Clifford Brooks**
(ADDRESS) **Albany, Mo.**

20. FILED **Oct. 8, 1935** **W. F. Martin**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 7 1935**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 6**, 19**35**, to **Oct. 7**, 19**35**
I last saw her alive on **Oct. 7**, 19**35**. Death is said to have occurred on the date stated above, at **5:50 P.M.**

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

Cerebral Date of onset

Hemorrhage

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? **no**

If so, specify **W. F. Martin** M. D.

(Signed) **W. F. Martin** M. D.

(Address) **Albany, Mo.**

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.

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31

