

007 2 0 1935

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

Do not use this space.

34929

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.

1. PLACE OF DEATH

County Upton Registration District No. 110  
Township Upton Primary Registration District No. 110  
City (No.         ) St.          Ward         

File No.           
Registered No.         

2. FULL NAME

(a) Residence, No. Sarah J Platter 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1860  
7. AGE YEARS 75 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.         

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) Oct 1 1934 11. Total time (years) spent in this occupation 52

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

13. NAME Jackson D Trusty

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

15. MAIDEN NAME Rebecca Cole

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

17. INFORMANT (ADDRESS) Nancy Platter

18. BURIAL, CREMATION, OR REMOVAL PLACE Courthouse Cem DATE Oct 4 1935

19. UNDERTAKER (ADDRESS) John Mc Kee

20. FILED Oct 3 1935 Mo, U. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Oct 2 1935  
I last saw her alive on Sept 28 1935 Death is said to have occurred on the date stated above, at 7:30 m.

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

Chronic Diabetes Mellitus

Date of onset 1930

Other contributory causes of importance Injury foot Fall

1935  
Aug 1

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 1935

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 Fell on Stairway  
Nature of injury Fractured Pelvis

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

(Signed) Leslie R. Reed M. D.  
(Address)

