

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.

DEC 27 1935

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

Do not use this space.

38351

1. PLACE OF DEATH

County Vernon  
Township Metz  
City..... (No..... St..... Ward)

Registration District No. 871  
Primary Registration District No. 6157

File No.....  
Registered No. 14

2. FULL NAME Sarah Frances Conyers

(a) Residence No. FD 2 Rich Hill 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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Gordon Conyers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 1852

7. AGE YEARS 83 MONTHS 5 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Jay County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Rimmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Thressia Mc Clure

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

14. INFORMANT Bertie Kaud Agar  
(Address) Greenridge Co.

15. FILED 11-30 1935 C. H. Musser, M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25/35 1935

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1935 to Nov. 25 1935 that I last saw her alive on Nov. 20 1935 and that death occurred, on the date stated above, at 8:20 10:16 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinomatosis of Liver

(duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) NO

(duration) ..... yrs. .... mos. .... ds.  
18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Richard D. Smith M. D.

11/26 1935 (Address) Rich Hill, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Elk Fork Cem.

DATE OF BURIAL

Nov. 27/35  
19

20. UNDERTAKER

Booth Funeral S Rich Hill, Mo

ADDRESS

Office

