

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.

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

Do not use this space.

MAR 26 1936

1. PLACE OF DEATH  
 County WEBSTER Registration District No. 901  
 Township WEST BENTON Primary Registration District No. 6209  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

38417-9  
 File No. \_\_\_\_\_  
 Registered No. 4

2. FULL NAME SARAH ALICE STEWART  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX FEM. 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 Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1854  
 7. AGE YEARS 81 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1935  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1935 to 11-16 1935  
 I last saw her alive on Nov 15 1935 Death is said to have occurred on the date stated above, at 7 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Sub. pneumonia. Date of onset 11-12-35

OCCUPATION  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
108

MOTHER | FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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.

17. INFORMANT E. P. STEWART  
 (ADDRESS) 7 Ardland and  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE GREEN HILL DATE 11-16-1935

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

19. UNDERTAKER KELLEY-FEYELL  
 (ADDRESS) FOULDALE, MO.  
 20. FILED Feb 10 1936 Hellier Registrar  
W.A.A.

(Signed) E. P. Stewart, M. D.  
 (Address) Rogersville Mo.

