MAR 18 1936

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

Do not use this space.

5231

1. PLACE OF DEATH
County Dallas — Registration District No. 241 — File No.
Township N. Benton — Primary Registration District No. 5334 — Registered No. 1079
City Buffalo (No. ..... St. ..... Ward)

2. FULL NAME Sarah Elizabeth Engle
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. K. Engle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep - 6 1857
7. AGE YEARS 78 MONTHS 5 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Unknown

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Roma Gaunt Buffalo Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Home DATE 2-18 1936
19. UNDERTAKER (ADDRESS) L. B. Jones Buffalo Mo
20. FILED 3/10 1936 Harvey Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to ....., 1936
I last saw her alive on 2-16, 1936. Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-15-36

Other contributory causes of importance:
Arteriosclerosis

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) C. O. Dammon, M. D.
(Address) Buffalo 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.