

MAR 19 1936

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

Do not use this space.

5592

1. PLACE OF DEATH

County Henney
Township Sechehan
City (No.)

Registration District No. 347
Primary Registration District No. 5419A

File No.
Registered No.
St. Ward)

2. FULL NAME

Sarah Catherine Shobe

(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1859
7. AGE YEARS 76 MONTHS 11 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
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) Petersburg Ill (STATE OR COUNTRY)

MOTHER FATHER 13. NAME David Jackson Hutcherson
14. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rachel Moran

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

17. INFORMANT Miss Delta Shobe (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2/19 1936

19. UNDERTAKER Concealer & Peck (ADDRESS) Clinton Mo

20. FILED 2-10 1936 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936, to Feb 7 1936
I last saw her alive on Feb 6 1936 Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion (thrombosis)
W.D.B.

Other contributory causes of importance: Thyroiditis

Date of onset Feb 6/36
1933

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) S. P. Hughes, M. D.
(Address) Clinton, Mo.

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.

