

MAY 25 1936

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

Do not use this space.

16355

1. PLACE OF DEATH

County Pettis
Township Hughesville
City _____ (No. _____)

Registration District No. 668
Primary Registration District No. 3887

File No. 106 108
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Sarah Lenora Wilborn

(a) Residence, No. La Monte Mo. R.F.D. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gaston P. Wilborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1888</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>10</u>	DAYS <u>21</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1935</u>	
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralla North Carolina</u>		
FATHER	13. NAME <u>David Agabek</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralla North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Don't Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT (ADDRESS) <u>Mr. Walter Davis Hughesville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Monte</u> DATE <u>April 4 1936</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Westlake Houseman Mo</u>		
20. FILED <u>4-5-</u> 19 <u>36</u> <u>Jane Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to Apr. 4 1936
I last saw her alive on Apr 4 1936 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Coronary embolism
946
Other contributory causes of importance: Chronic arthritis
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.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) M. P. Sly M. D.
(Address) La Monte

