

00 23 1936

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

Do not use this space.

16421

1. PLACE OF DEATH

County Pike Registration District No. 690
Township Hartford Primary Registration District No. 3918
City Middletown No. 10 St. _____ Ward _____

2. FULL NAME Sarilda Matilda Le Masters

(a) Residence, No. #15 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 43 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 OR 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>Wilkes Le Masters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27th, 1875</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	DAYS <u>54</u>
		If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Same</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3rd, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1936, to Apr 3rd, 1936
I last saw him alive on Apr 2nd, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Cholecyctitis Date of onset _____

127

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? biopsy 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) A. J. Ford M. D.
(Address) Middletown, Mo.

12. BIRTHPLACE (CITY OR TOWN) New Hartford
(STATE OR COUNTRY) Missouri

13. NAME Joshua Morris

14. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) County, Missouri

15. MAIDEN NAME Louisia Willis

16. BIRTHPLACE (CITY OR TOWN) Pike County
(STATE OR COUNTRY) Missouri

17. INFORMANT Wilkes Le Masters
(ADDRESS) Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Middletown Cem. DATE 4/5/36 1936

19. UNDERTAKER Jones-Wells
(ADDRESS) Middletown, Missouri

20. FILED Apr. 5, 1936 S. Clyde Cray
Registrar

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.

