

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

Do not use this space.

26047

1. PLACE OF DEATH

County Cooper Registration District No. 1095-
 Township South Mountain Primary Registration District No. 5770
 City (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Ellen Fain

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Sam Fain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November, 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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 _____

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

13. NAME Henry Toler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Sakina Eason

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

17. INFORMANT Sam Fain (ADDRESS) Clarksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Pleasant DATE July, 5, 1936

19. UNDERTAKER J. E. Richards (ADDRESS) Linton, Mo.

20. FILED July 4, 1936 J. E. Mauldin Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from 1-15 1936 to July 1936. I last saw her alive on 6-15 1936. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary of Return
46

Date of onset Coronary of Return

Other contributory causes of importance:

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) A. H. Meredith, M. D.
 (Address) Prarie Home Mo

