

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

Do not use this space.

27338

**1. PLACE OF DEATH**

County Marion Registration District No. 552  
 Township Warrent Primary Registration District No. 5745  
 City (No. ....) St. .... Ward)

File No. ....  
 Registered No. 8

**2. FULL NAME** Sarah Neely Mc Berney

(a) Residence, No. .... St. .... Ward.

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. (If nonresident, give city or town and State)

**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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Wm O. Mc Berney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4<sup>th</sup> 1845</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>1</u>	DAYS <u>12</u>
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.		
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) <u>Indiana</u>		
13. NAME <u>Jacob Pence</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Ann Eliza King</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo.</u>		
17. INFORMANT <u>Mrs Wm Mc Elroy</u> (ADDRESS) <u>Hunnewell, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Shelburn, Mo.</u> DATE <u>7/18/36</u>		
19. UNDERTAKER <u>Mission &amp; Burkhart</u> (ADDRESS) <u>Shelburn - Mo.</u>		
20. FILED <u>7/17</u> 19 <u>36</u> <u>Mrs Alta V. Wagner</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936, to July 16 1936  
 I last saw h. alive on July 13 1936. Death is said to have occurred on the date stated above, at 3:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Heart prostration

Other contributory causes of importance: 191

Name of operation..... Date of.....  
 What test confirmed diagnosis? Chemical 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) R. J. Parker, M. D.  
 (Address) Hunnewell, Mo.

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.

