

442 28 1830

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Shelby
 Township Jefferson
 City Clairton (No.)

Registration District No. 560
 Primary Registration District No. 6094

File No. 29516
 Registered No. 6
 St. Ward)

2. FULL NAME

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Sarah Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1956

7. AGE YEARS 80 MONTHS 0 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Monroe Co mo

MOTHER 13. NAME Elisha Fletcher Wood

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

15. MAIDEN NAME Susannah Coff

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

17. INFORMANT Mede Wood (ADDRESS) Clairton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillips Ave DATE July 16 1936

19. UNDERTAKER (ADDRESS) Stayer

20. FILED July 18 1936 Roy Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to July 14 1936
 I last saw him alive on July 12 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:

Arterio Sclerosis Date of onset 1920

8221

Other contributory causes of importance: Cerebral apoplexy 1933

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury....., 19.....
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) D. J. Harlan M. D.
 (Address) Clairton 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.

