

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Box
City Box (No. _____)

Registration District No. 163
Primary Registration District No. 5228

File No. 40652
Registered No. 56

2. FULL NAME

Sarah Virginia Withers

(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 <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: <u>HUSBAND OF</u> (OR) WIFE OF <u>H. S. Withers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5 1860</u>		
7. AGE <u>76</u>	YEARS <u>3</u>	MONTHS <u>29</u>
		DAYS <u>29</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cass Co Mo

FATHER

13. NAME William Adams

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

va.

MOTHER

15. MAIDEN NAME Jane Black

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

va.

17. INFORMANT

H. S. Withers
(ADDRESS) Eldorado Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sheldon Cem DATE Nov 6 1936

19. UNDERTAKER

Waters Funeral Home
(ADDRESS) Eldorado Mo

20. FILED

11-5-1936 J. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1936, to Nov 4 1936

I last saw her alive on Nov 3 1936. Death is said

to have occurred on the date stated above, at 1: A.m.

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

mitral insufficiency

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical 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) J. Dawson, M. D.

(Address) Eldorado Springs

