

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.

JAN 18 1937

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

Do not use this space.

43456

1. PLACE OF DEATH

County *Scott*Registration District No. *1*

File No. _____

Township _____

Primary Registration District No. *1*

Registered No. _____

City *Sikeston*

(No. _____)

St. _____

Ward _____

2. FULL NAME *Sarah Elizabeth Upton*

(a) Residence, No. _____

St. _____

Ward _____

(If nonresident, give city or town and State)

(Usual place of abode)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*H. M. Upton*

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

Sept. 19, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.*76**1**25*

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

X X

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)*Fredricktown,
Mo.*

FATHER

13. NAME

*John Casteel*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Ill.*

MOTHER

15. MAIDEN NAME

*Melvinia Lincoln*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Ill.*17. INFORMANT
(ADDRESS)*Mrs. Rex Lambert
Sikeston, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Reno, Ark.* DATE *Nov. 16, 1936*19. UNDERTAKER
(ADDRESS)*G. H. Emaster
Sikeston, Mo.*20. FILED *11-28*, 1936*H. W. Orsini
Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

Nov. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from

*Nov. 13, 1936, to Nov. 14-36, 1936*I last saw her alive on *Nov. 14-36* Death is saidto have occurred on the date stated above, at *5.50 p.m.*

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis *clinical* 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) *Harvard M. Kendig*, M. D.(Address) *Sikeston, Mo.*

