

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

Do not use this space.

43855

111 ^{LEAVE} 28 1937

1. PLACE OF DEATH Buchanan County Registration District No. 85
 Township St. Joseph Mo. Primary Registration District No. 1001
 City St. Joseph Mo. State Hospital #2. St. _____ Ward _____

2. FULL NAME Sarah E. Gulley (Sarah E. Gulley.)
 (a) Residence, No. 815 1/2 So 8th St. Joseph Mo. Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt. E. Gulley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>	<u>10</u>	<u>19</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Lebanon Ray Co. Mo.
 (STATE OR COUNTRY)

13. NAME John Roberson

14. BIRTHPLACE (CITY OR TOWN) Lebanon Unk. Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Unk. Bunge

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

17. INFORMANT Stiles Capelle Thomas
 (ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE State Hosp Cem. DATE Dec. 21, 1936.

19. UNDERTAKER Walter Meinhoff
 (ADDRESS) 1302 Parson St. St. Joseph, Mo.

20. FILED Dec 21 1936 H. J. Nestlebury
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1936
 22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to Dec 18 1936
 I last saw her alive on Dec 18 1936. Death is said to have occurred on the date stated above, at 4:00 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis July (Date of onset)
 Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? None 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 No
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) E. B. Widney M. D.
 (Address) State Hospital No 2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

