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.

JAN 18 1937

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

Do not use this space.

43973

File No. .....

Registered No. 383

1. PLACE OF DEATH

County Callaway

Registration District No. 104

Primary Registration District No. 3008

Township .....

City Fulton (No. ....., ... St. ..... Ward)

2. FULL NAME Sarah Jane Metcalf

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. A. Metcalf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1868

7. AGE: Years 68 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): Missouri

FATHER

13. NAME: D. A. McCleary

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

MOTHER

15. MAIDEN NAME: Catherine Foy

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

17. INFORMANT (ADDRESS): Frances Stephens, Oklahoma City, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetery DATE Dec 21, 1936

19. UNDERTAKER (ADDRESS): Geo. L. Wallace, Fulton, Mo.

20. FILED Dec 21, 1936 R. N. Crews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1936, to 12/19, 1936

I last saw her alive on 12/19, 1936. Death is said to have occurred on the date stated above, at 7:55 A.m.

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

	Date of onset
Chronic Bronchitis	
syphilitic	

Other contributory causes of importance:

Terminal Bronchopneumonia	
Chronic Myocarditis	

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) Henry Arnold, M. D.

(Address) 610 Court St., Fulton, Mo.