

Amateur
FEB 17 1937

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

Do not use this space.

1802

1. PLACE OF DEATH

9 County Jasper
Township _____
City Carthage (No. 911 Grant)

Registration District No. 408
Primary Registration District No. 3020
St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Sarah Melisa Bancroft

(a) Residence, No. 911 Grant St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. H. Bancroft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 9 20

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235 2
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niles Michigan 2

13. NAME James Kinsey

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

15. MAIDEN NAME Suzanna Riddle

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

17. INFORMANT (ADDRESS) Mrs. Dave Williams Carthage, Missouri

18. BORN ~~IN~~ OR REMOVAL PLACE Olathe, Kansas DATE Jan. 13, 1937

19. UNDERTAKER (ADDRESS) Ulmer Funeral Home Carthage, Missouri

20. FILED Jan 17 1937 J. B. Colleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1935 to Jan 11, 1937

I last saw him alive on Dec 13, 1936 Death is said to have occurred on the date stated above, at 3:10pm

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

Chronic Myocarditis Date of onset _____
Angina pectoris ?

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? History Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? none (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) George H. Wood, M. D.
(Address) Carthage Mo

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

