

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

County Shelby  
Township Lebanon  
City Lebanon

Registration District No. 560

Primary Registration District No. 6094

File No. 4598

Registered No. 1

St. 2

Ward

2. FULL NAME

(a) Residence, No. Sarah J. Sage

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

4. COLOR OR RACE

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

Female

White

Widowed

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

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

July 13-1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

89

5

27

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

House Keeper

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)

Mo.

13. NAME

Lathan Walker

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

Wing

15. MAIDEN NAME

Elizabeth Brown

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

Wing

17. INFORMANT (ADDRESS)

Mrs. Betty Walker  
Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Wing

1-12-37

19. UNDERTAKER (ADDRESS)

E. E. Hopper  
Wing, Mo.

20. FILED

Feb 10

1937

Ray Hamilton

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 10 . 19 37

22. I HEREBY CERTIFY, That I attended deceased from

Dec

32

to

Jan 10

37

I last saw him alive on Jan 7, 19 37 Death is said

to have occurred on the date stated above, at 1.40 am

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

auricular fibrillation

Date of onset

Dec

20/1937

Other contributory causes of importance:

arteriosclerosis

1925

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? none Date of injury

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

None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. L. Harean

M. D.

(Address)

Clarence, Mo.

