

FEB 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9:30 a.m.

Do not use this space.

1. PLACE OF DEATH

34 County Saugus
 Township Butler
 City Butler (No. 5379)

Registration District No. 272
 Primary Registration District No. 5379

File No. 5708
 Registered No. 115
 St. Butler Ward 115

2. FULL NAME William Carol Sarrau

(a) Residence, No. Butler St. Butler Ward 115
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sara Sarrau
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7 1849
 7. AGE YEARS 87 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Louis Garrison (ADDRESS) Butler

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler DATE Feb. 7 1937

19. UNDERTAKER C. V. Clunkinghead (ADDRESS) Butler

20. FILED 2-11 19 37 Henry Burke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1937, to Feb. 5, 1937
 I last saw him alive on Feb. 5, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Dental infection (tooth)
cause unknown

Other contributory causes of importance: 130

Name of operation 130 Date of 130
 What test confirmed diagnosis? 130 Was there an autopsy? 130

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 130 Date of injury 130

Where did injury occur? 130 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 130
 Nature of injury 130

24. Was disease of injury in any way related to occupation of deceased?
 If so, specify 130
 (Signed) 130, M. D.
 (Address) 130

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.

