

MAR 23 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Meru
Township Marion
City Meru (No., St. Ward)

Registration District No. 553
Primary Registration District No. 4325

File No. 7239
Registered No. 6

2. FULL NAME Sarah E. Hartsook

(a) Residence, No. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 13

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) (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Oliver Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mrs. Paykummins, Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cainsville DATE Feb 16 1937

19. UNDERTAKER (ADDRESS) Neal Moss, Princeton Mo.

20. FILED Feb. 16 1937 Mrs. Olie Davenport, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1937 to Feb 7 1937. I last saw him alive on Feb 7 1937. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Other contributory causes of importance:
hypertension
arteriosclerosis
diabetes
hypertension
arteriosclerosis
diabetes

Name of operation none Date of none
What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 1937
Where did injury occur? no
(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 no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. D. May, M. D.
(Address) Princeton Mo.

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.

1000-11-34-33

