

APR 21 1937

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

Do not use this space.

12485

1. PLACE OF BIRTH

County Linn Registration District No. 496

Township..... Primary Registration District No. 3025

City Breakfield (No. .... St. .... Ward)

File No. ....

Registered No. 35

2. FULL NAME

(a) Residence, No. Hunt St. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 7 18

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

13. NAME David Sayre

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

15. MAIDEN NAME Emmalie Shields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Ia.

17. INFORMANT Mrs. Jura Laughlin (ADDRESS) Boyerstown

18. BURIAL, CREMATION, OR REMOVAL PLACE Sachels, Mo. DATE Mar 22, 1937

19. UNDERTAKER Rigger & Son (ADDRESS) Boyerstown Mo.

20. FILED April 8, 1937 John L. Linn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Feb 20, 1937  
I last saw her alive on March 15, 1937 Death is said to have occurred on the date stated above, at 9:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset 1934  
Senile Dementia  
Other contributory causes of importance: 80  
Cerebral Apoplexy 1933

Name of operation None 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) Wm. L. Lucas M. D.  
(Address) Breakfield Mo.

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.

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