

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

Do not use this space.

MAY 28 1937

1. PLACE OF DEATH
County Morgan
Township Hawcreek
City Versailles RFD. (No.)

Registration District No. 919
Primary Registration District No. 5793a

File No. 17052
Registered No. 14
St. Ward)

2. FULL NAME Sarah McIntyre

(a) Residence, No. St. Ward.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3rd, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 22

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) New London, Iowa (STATE OR COUNTRY)

13. NAME Joseph Stewart

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

15. MAIDEN NAME Mary Jane Know

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

17. INFORMANT Donald M. McIntyre (ADDRESS) Versailles, Mo. RFD.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Nebo Cemetery DATE April 26, 1937

19. UNDERTAKER C. R. Rapp & Son (ADDRESS) Stover, Mo.

20. May 10 37 Wm. L. Ruppel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1937, to Apr 21, 1937

I last saw her alive on Apr 20, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

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

Metral Regurgitation Date of onset Don't know

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Chas. A. West, M. D.

(Address) Stover Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

