CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
112 County Webster — Registration District No. 896 — File No. 17890
Township Ozark — Primary Registration District No. 6198 — Registered No. 24
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sarah Jameson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Benton Jameson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 28 1864

7. AGE: 235 — YEARS: 72 — MONTHS: 3 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Home
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER
13. NAME: Thomas Hedgepeth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Elizabeth Mangen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Wm. Barnes, Springfield, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St. Luke — DATE ~~Mar~~ April 1, 1937

19. UNDERTAKER (ADDRESS): Rex Kainey, Marshfield, Missouri.

20. FILED April 15, 1937 Elizabeth Highfield, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1931, to March 29, 1937
I last saw her alive on March 29, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis (Arteriosclerotic)	Years
Generalized Arteriosclerosis	Years

95

Other contributory causes of importance:
Secondary Anemia - Severe (Etiology Not Determined)

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray & Lab. 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? .....
If so, specify .....
(Signed) C. R. Macdonnell, M. D.
(Address) Marshfield, Mo.