

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.

46 JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howell Registration District No. 385
Township Willow Springs Primary Registration District No. 4228
City Willow Springs 2 St. _____ Ward _____

2. FULL NAME Sarah C Jones
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

File No. 23861

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-22-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. or min.
71 - 5 10 8

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) Fulton Co. Ark

13. NAME Hayse Whiteside

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

15. MAIDEN NAME Jane House

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

17. INFORMANT Piece from Willow Springs
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Neshannon Mo DATE 7/3/37

19. UNDERTAKER Geo. C. Payer Mo.
(ADDRESS)

20. FILED 7-3- 1937 Marionette Ferguson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 2, 1937
I last saw her alive on July 2, 1937. Death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary
Chronic infarction

Other contributory causes of importance:
Chronic infarction

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

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. _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) F. N. S. Apple, M. D.
(Address) Willow Springs Mo

Dr. Wassille

