

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

Do not use this space.

**AUG 24 1937**

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
 Township Marion Primary Registration District No. 5562  
 City Route 2, Carthage (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 27466

Registered No. \_\_\_\_\_

**2. FULL NAME** Sarah Eveline Case

(a) Residence, No. Route 2, Carthage St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 32 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 Tilghman H. Case

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 5 10

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) Iowa

13. NAME Thomas H. Greenup

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

15. MAIDEN NAME Henryetta Gunn

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

17. INFORMANT Mr. Bert Case  
 (ADDRESS) Route 2, Carthage

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Park Cemetery DATE July 23, 1937

19. UNDERTAKER Ulmer Funeral Home  
 (ADDRESS) Carthage, Missouri

20. FILED Jul 21 1937 S. B. Clinton  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1937, to 7-20, 1937

I last saw her alive on 7-20-37, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:20am

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

Chronic Myocarditis  
CARDIAC DECOMPENSATION

Date of onset \_\_\_\_\_

Other contributory causes of importance: Bronchopneumonia, Terminal

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 Charles L. Hoopland, M. D.  
 (Signed) \_\_\_\_\_

(Address) Carthage, Mo.

MARGIN RESERVED FOR BINDING  
 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.

