

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Layman
Township Greene
City _____ No. _____

Registration District No. 469
Primary Registration District No. 3632

File No. 27639
Registered No. 18
St. _____ Ward _____

2. FULL NAME

Coroline Lillie Sater
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) _____
Length of residence in city or town where death occurred all life 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) Single
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Missouri

13. NAME unknown

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

15. MAIDEN NAME Martha J. Joiner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo

17. INFORMANT (ADDRESS) Mrs. Jimmie Sater Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE July -7- 1937

19. UNDERTAKER (ADDRESS) Morris B. Helman Miller Mo.

20. FILED 7-10 1937 E. & B. B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1937 to 7-6, 1937
I last saw him alive on 7-1, 1937 Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Dilated heart due to an asthmatic condition
Other contributory causes of importance: asthma

Name of operation clinical 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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify W. J. Sater, M. D.
(Signed) _____ (Address) Miller, 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.

