

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.

SEP 27 1937

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

Do not use this space.

32140

1. PLACE OF DEATH

County WORTH
Township MIDDLE FORK
City WORTH (No. Ward)

Registration District No. 903
Primary Registration District No.

File No.
Registered No.

2. FULL NAME SARAH RACHAEL COLEMAN CARNES

(a) Residence, No. WORTH COUNTY Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 35 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Wallace Franklin Carnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 4

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) Vinton, Benton County, Iowa

13. NAME Spencer Charles Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio

15. MAIDEN NAME Belinda Lorraine Carnes

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

17. INFORMANT G. G. Carnes (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prairie Chapel DATE Aug. 9, 1937

19. UNDERTAKER Hayes Andrews (ADDRESS)

20. FILED 9-8 1937 J. E. McCallister Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 3 yrs 1934 to Aug 8 1937

I last saw her alive on Aug 8 1937 Death is said to have occurred on the date stated above, at 3:50 p.m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance: A3

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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Thos. F. Fay M.D.
(Address) North mo

