NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Union
Township Lake
City ..... (No. ..... St. ..... Ward)

Registration District No. 876
Primary Registration District No. 6164

File No. 39059
Registered No. .....

2. FULL NAME Sadie Catherine Sheetz Auman

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard C. Auman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1873

7. AGE: YEARS 64 | MONTHS 7 | DAYS 28 | 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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeport, Ill

FATHER
13. NAME Robt. Sheetz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeport Ill

MOTHER
15. MAIDEN NAME Hattie Sayler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Howard C. Auman Nevada Mo RR

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freeport, Ill DATE Oct 17 1937

19. UNDERTAKER (ADDRESS) Eichinger Fun'l Home Nevada Mo

20. FILED 10-15 1937 Lillie Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1937, to Oct 14, 1937
I last saw h. alive on Oct 14 1937. Death is said to have occurred on the date stated above, at 11 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Oct 11

82a

Other contributory causes of importance: Arteriosclerosis

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? NV 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) W. B. Prinzi M. D.
(Address) Deerfield 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.

Mr [illegible]

[illegible]

[illegible]