

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.

JAN 15 1938

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

Do not use this space.

45007

1. PLACE OF DEATH

County Cass Registration District No. 148  
Township Beltone Primary Registration District No. 4082  
City Beltone (No.         ) St.          Ward         

File No. 34  
Registered No.         

2. FULL NAME Sarah Harrelson

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED? (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 10 3

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         

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

13. NAME James Harrelson

14. BIRTHPLACE (CITY OR TOWN) Gackson Co Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Ann Sheldon

16. BIRTHPLACE (CITY OR TOWN) West Virginia  
(STATE OR COUNTRY)

17. INFORMANT Mrs. A. D. James  
(ADDRESS) 6325 Markwood St., K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Beltone, Mo. DATE 12/29 1937

19. UNDERTAKER E. K. George & Sons  
(ADDRESS) Beltone, Mo.

20. FILED 12-21, 1937 W. M. Miller  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1937 to Dec 20, 1937

I last saw her alive on Dec 20, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Coronary Occlusion Date of onset 12-17-37

Other contributory causes of importance:         

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) W. M. Miller M. D.

(Address) Beltone Mo

