

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

St. *Jan 20* 1938

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

Do not use this space.

1. PLACE OF DEATH  
County *Macon* Registration District No. *533*  
Township *Macon* Primary Registration District No. *3027*  
City *Macon* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME *Sarah Jane Jones*  
(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.

File No. *45975*  
Registered No. *95*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 14-1866*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*71 8 4*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired Housewife*  
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) *Columbus Ohio*  
13. NAME *Theophilus Sloan* 31  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ok* 31  
15. MAIDEN NAME *Eunice Morris*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ok*  
17. INFORMANT *Edna M. McDonald*  
(ADDRESS) *2134 Hayes West St. Louis Mo*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Cheriton Cem.* DATE *11-21-37*  
19. UNDERTAKER *Stephens & Sudding*  
(ADDRESS) *Macon Mo*  
20. FILED *1/8* 1938 *Edna McDonald*  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 18* 19*37*  
22. I HEREBY CERTIFY, That I attended deceased from *Nov. 10 - 1937* to *Nov. 15 - 1937*  
I last saw him alive on *Nov. 15 - 1937*. Death is said to have occurred on the date stated above, at *11 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*Coronary Occlusion* Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
*Coronary Sclerosis with myocardial infarct*  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis *Clinical* 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? *No*  
If so, specify \_\_\_\_\_  
(Signed) *A. L. Campbell* M. D.  
(Address) *Macon 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.

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