

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Sheep
Township Reel
City Reel (No.)

Registration District No. 677
Primary Registration District No. 4403

File No. 46353
Registered No. 149
St. Ward)

2. FULL NAME Sarah Louisa Ames

(a) Residence, No. 10th St 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 ♀ 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 17

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) Sheepher Missouri

13. NAME Sarah S. Keath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

15. MAIDEN NAME Keath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reel Missouri

17. INFORMANT William S. Ames (ADDRESS) Reel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marvell Cemetery DATE Dec. 16 1937

19. UNDERTAKER James Adams (ADDRESS) Reel Mo

20. FILED Dec. 15 1937 Jos. F. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1937 to Dec 14 1937

I last saw her alive on Dec 13 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Cancer of breast with deposit in gilla and spinal cord

Date of onset about 1 year

Other contributory causes of importance: 50

Name of operation Date of

What test confirmed diagnosis? clinical 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify S. L. Mitchell (Signed) Reel Mo, M. D.

(Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

