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

Do not use this space.

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File No. 2601

Registered No.

1. PLACE OF DEATH

32 County DeKalb — Registration District No. 260

Township Colfax — Primary Registration District No. 5362

City ..... (No. Died in Ambulance St. ..... Ward)

2. FULL NAME Sarah Ann Place U 20

(a) Residence, No. Gallatin, Mo. St., ... Ward. Gallatin, Missouri
(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	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	0	25	

OCCUPATION

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. Own Home

10. Date deceased last worked at this occupation (month and year) Jan. 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Daviess Co. 0
(STATE OR COUNTRY) Missouri 1

FATHER

13. NAME Henry Albert Whitt

14. BIRTHPLACE (CITY OR TOWN) Unk. 0
(STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Sarah Elizabeth Place

16. BIRTHPLACE (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Ollus A. Place
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gallatin, Mo. DATE Jan. 16, 1938

19. UNDERTAKER Hope Furn. & Und. Co.
(ADDRESS) Gallatin, Mo.

20. FILED Jan. 18, 1938 Mildred McMahill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1938, to Jan. 13, 1938

I last saw h. alive on Jan. 13, 1938. Death is said to have occurred on the date stated above, at 4:25 P. m.

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

	Date of onset
Coronary Embolus:	Jan. 13, 1938
Other contributory causes of importance:	
Chronic Myocarditis →	1935 to 1938
Probable Carcinoma, Liver & Stomach:	

Name of operation None 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 the occupation of deceased?

If so, specify

(Signed) Fred R. Wilson, M. D.

(Address) Winston, Mo

RECEIVED
FEB 23 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

N.B.—Every item of information must be carefully supplied. Where unknown, state the fact. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.