

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

Do not use this space.

21

1. PLACE OF DEATH

County St. Louis Registration District No. 384
 Township West Louis 4th Registration District No. 4227
 City St. Louis

File No. 2939
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Sarah E. Crain - 152
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-8-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 - 4

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) Wright Co., Mo.

13. NAME W. M. Smith

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

15. MAIDEN NAME Nancy Bruton

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

17. INFORMANT Key Crain (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 12-14-1937

19. UNDERTAKER (ADDRESS) W. H. Brown, St. Louis, Mo.

20. FILED 12-13 1937 Vida W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-1937

22. I HEREBY CERTIFY, That I attended deceased from June-1- 1937 to Dec. 12 1937

I last saw h. er. alive on Dec. 12 1937 Death is said to have occurred on the date stated above, at 11:45 m.

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

Pneumonia Date of onset _____

Other contributory causes of importance: 1012

Cholera

Name of operation None Date of _____

What test confirmed diagnosis? Examination 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 _____

(Signed) W. H. Brown M. D.

(Address) St. Louis, Mo.

384 (Address) _____

St. Louis, 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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