

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.

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

Do not use this space.

1. PLACE OF DEATH
101 County Shannon Registration District No. 1077 File No. 4318
Township Spring Valley Primary Registration District No. 6088 Registered No. 4
City (No. St. Ward)
2. FULL NAME Sarah Francis Alumbaugh 451
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Alumbaugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1878
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 7 13
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. Wm.
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) Hartsville Mo.
13. NAME J. W. Cleaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Missouri
15. MAIDEN NAME Susan Hodge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Missouri
17. INFORMANT Edward Alumbaugh Husband
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Side Cemetery DATE Jan 29 - 1938
19. UNDERTAKER Alce Colvine Neighbor
(ADDRESS) Summersville Mo
20. FILED 1/28/1938 J. B. McDaniel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 - 1938
22. I HEREBY CERTIFY, That I attended deceased from 3/20/1936, to , 19 .
I last saw him alive on 1/12, 1938. Death is said to have occurred on the date stated above, at home.
The principal cause of death and related causes of importance were as follows:
Coccaroma of the Right Eye
Date of onset
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Laboratory 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?
If so, specify M. D.
(Signed) J. B. McDaniel
(Address) Summersville Mo

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH