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.

REC'D APR 18 1938

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

Do not use this space.

File No. 10708
Registered No.

1. PLACE OF DEATH
County Gentry
Township Bogle
City Gentry (No. ..... St. ..... Ward)
Registration District No. 311
Primary Registration District No. 5430

2. FULL NAME Sarah Jane Gabbert 163
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1855
7. AGE YEARS 83 MONTHS 0 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

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.
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) Unknown Ky.

FATHER
13. NAME Eliza Gabbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

MOTHER
15. MAIDEN NAME Fannie Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

17. INFORMANT (ADDRESS) Wm. Gabbert Gentry Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carmack DATE Mar 25 1938
19. UNDERTAKER (ADDRESS) Brooks Funeral Home Albany Mo
20. FILED 4-10- 1938 C N Williamson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to March 24, 1938
I last saw her alive on March 24, 1938. Death is said to have occurred on the date stated above, at 8:10 A.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemmorhage
Date of onset
Other contributory causes of importance: Old age. 82 W
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Charles N Williamson 240 M. D.
283 (Address) Gentry Mo