

REC'D MAY 18 1938

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

Do not use this space.

14488

1. PLACE OF DEATH

County DeKalb.Registration District No. 263Township Adams.Primary Registration District No. 5265City Weatherby. (No.)

St. Ward)

2. FULL NAME Sarah Katherine Parrott.(a) Residence, No. 1/2 Mi. East of Weatherby. 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)Widowed.5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFAustin A. Parrott.

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

February 15, 1846

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.9222

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Weatherby, Mo.

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT

Allen O. Parrott,

(ADDRESS)

Weatherby Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACES Cope-ShambaughDATE 4/19/38.

19. UNDERTAKER

U. G. Pilcher,

(ADDRESS)

Maysville, Mo.

20. FILED

May 10 1938Gas Fitzgerald

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 193822. I HEREBY CERTIFY, That I attended deceased from
April 17, 1938, to April 17, 1938I last saw her alive on April 17, 1938 Death is saidto have occurred on the date stated above, at 10:30 A.M.

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

Senility.

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) Frank J. Wilson, M. D.(Address) Wenatche, 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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