

MAY 10 1938

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

Do not use this space.

16036

1. PLACE OF DEATH

County Stoddard Registration District No. 831
Township Liberty Primary Registration District No. 6048
City (No. _____) St. _____ (Ward _____)

2. FULL NAME

Sarah Jane Harrel 640
(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

MEDICAL CERTIFICATE OF DEATH

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 OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1860

7. AGE YEARS 78 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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) Ky

13. NAME Rtha Thomas

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

15. MAIDEN NAME Mary Hopkins

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

17. INFORMANT Bright W. H. Hain
(ADDRESS) Stoddard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoddard DATE _____ 19____

19. UNDERTAKER W. H. Hain Undertaking Co
(ADDRESS) Stoddard, Mo.

20. FILED Apr 19, 1938 Florence Allen
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Stoddard, Mo. to _____, 19____
I last saw h live on _____, 19____ Death is said to have occurred on the date stated above, at 10, m.
The principal cause of death and related causes of importance were as follows:

Heart failure
N M O
Date of onset

Other contributory causes of importance: 200 a

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) John H. Hain M. D.
(Address) Stoddard, Mo.
Coroner, Stoddard Co

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MADE IN U.S.A.

1964

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SMALL. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Sent in advance

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 12

(b) Township Liberty Primary Registration District No. 115 Registered No. 19

(c) City Stoddard (d) Street No. 115 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Jane Harrel

(a) Residence, No. 115 St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar 19 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					Date of onset <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>1</u>	If LESS than 1 day, ... hrs. or ... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				Other contributory causes of importance: <u>200A</u>	
	9. Industry or business in which work was done, as 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)						
FATHER	13. NAME					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
MOTHER	15. MAIDEN NAME					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT (ADDRESS)						
18. BURIAL, CREMATION, OR REMOVAL						
PLACE			DATE			
19. FUNERAL DIRECTOR (ADDRESS)						
20. FILED <u>April 19 1938 at Lawrence Green</u> Local Registrar.						
					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.	
					24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>John Wilson</u> M. D. (Address) <u>Blomfield</u>	

SUPPLEMENTARY

S-16036. 1938