

REC'D JUL 17 1938

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

21251

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
 (b) Township 1 Primary Registration District No. 4021
 (c) City Cassville (d) Street No. N. Main St. Registered No. 20
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME, Sarahine Crider

(a) Residence, No. Cassville, Missouri 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

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) Jan. 29, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 H+8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.
 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) April 29, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metropolis Illinois13. NAME James Crider14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Bugg16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs. W. L. Aoon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE 6/8 193819. FUNERAL DIRECTOR (ADDRESS) Keon Funeral Home Cassville, Missouri20. FILED 2-10 1938 Geo. C. Newman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7 193822. I HEREBY CERTIFY, That I attended deceased from 12-2, 1937, to 6-7, 1938I last saw her alive on 6-7, 1938. Death is said to have occurred on the date stated above, at 2:05A m.

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

Cancer of the Date of onset und.
throat retro

Other contributory causes of importance: 45
uremia

Name of operation..... Date of.....

What test confirmed diagnosis? Urinal Was there an autopsy? yes

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) Geo. C. Newman, M. D.(Address) Cassville, Mo.

STATEMENT BY LICENSED EMBALMER

I, R. J. Miller, Licensed Embalmer No. 3794
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. J. Miller
Licensed Embalmer No. 3794

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)