

LEO JUL 11 1938

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

22659  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Phelps Registration District No. 678  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4404 Registered No. \_\_\_\_\_  
 (c) City St. James (d) Street No. \_\_\_\_\_ (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 L. S. Traritt  
 (a) Residence, No. St. James, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. Nelson Traritt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1862  
 7. AGE YEARS 76 MONTHS 5 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Greenville Village N.Y. City  
 FATHER 13. NAME Benjamin Gregory  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blenheim N.Y.  
 MOTHER 15. MAIDEN NAME Sarah Louise Marshall  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. City  
 17. INFORMANT H. Nelson Traritt  
 (ADDRESS) St. James, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo. DATE 6/15 1938  
 19. FUNERAL DIRECTOR Mrs. Harry McCaw  
 (ADDRESS) Rolla Mo.  
 20. FILED 6-15-38 1938 Elsie B. Hork  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1938  
 22. I HEREBY CERTIFY That I attended deceased from April 15 1938 to June 11 1938  
 I last saw her alive on June 11 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Liver Date of onset \_\_\_\_\_  
H's  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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 Chag N. Lullbright M. D.  
 (Signed) \_\_\_\_\_ (Address) St. James Mo.

JUN 1 1949

MAY 20 1953

STATEMENT BY LICENSED EMBALMER

I, Mrs Harry McCaw, Licensed Embalmer No. 1814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Robert F. McC

..... L. E. No. 3953 or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Mrs. Harry McCaw  
Licensed Embalmer No. 1814

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



