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 SEP 19 1938

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

Do not use this space.

29403

File No.

Registered No. 13

1. PLACE OF DEATH

County: Linn — Registration District No. 497

Township: North Salem — Primary Registration District No. 5672

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Della Sarton

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. B. Sarton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 1-1872

7. AGE: Years 65 — Months 11 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: John W. Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

MOTHER

15. MAIDEN NAME: Mary Ann Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): H. B. Sarton North Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: North Salem DATE: 8-25 1938

19. UNDERTAKER (ADDRESS): Glenn E. Kent & Son Green City, Mo.

20. FILED: Aug. 30, 1938 Mrs. Lila Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1938, to August 24, 1938

I last saw her alive on August 24, 1938. Death is said to have occurred on the date stated above, at 3 A.m.

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

	Date of onset
Carcinoma of the Stomach	

Other contributory causes of importance: None

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 .....

(Signed) G. H. Kroeger D.O. M.D.

(Address) Purdin, Missouri

RECEIVED
District Health Officer No. 10
District File Number 10-38-94
Date Filed 9-15-38