

S. P. Mortimer

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

29499
Do not use this space.

DEC'D SEP 27 1938

1. PLACE OF DEATH

(a) County Mississippi

Registration District No. 547

(b) Township East Prairie

Primary Registration District No. 4334

Registered No. 36

(c) City East Prairie

(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 60 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH KATHERNE METHENEY

(a) Residence, No. EAST PRAIRIE St.

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Daniel Webster

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

July 17, 1857

7. AGE

YEARS 81

MONTHS 1

DAYS 4

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. AT HOME

10. Date deceased last worked at this occupation (month and year) Jan 10, 1937

11. Total time (years) spent in this occupation LIFE

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

Kentucky

FATHER

13. NAME Elbert Reeder

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

Unknown

MOTHER

15. MAIDEN NAME Liza Austin

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

Tenn.

17. INFORMANT (ADDRESS)

Ray Metheney, Paris, Illinois

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dogwood

DATE Aug 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Trans N. Shelby, East Prairie

20. FILED Aug 23, 1938

Mrs. M. Hodges, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1938

22. I HEREBY CERTIFY That I attended deceased from Leash 30 years, 19... I last saw him alive on Aug 27, 1938 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:

Senility
arterio-sclerosis
Nephritis

Date of onset

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 _____

(Signed) S. P. Mortimer, M. D.

(Address) East Prairie, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Travis N. Shelby

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Travis N. Shelby

Licensed Embalmer No. *2576*

P. O. Address *East Prairie, Mo*

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.)

If this body is not embalmed, above space should be left blank.