

REC'D OCT 20 1938

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

Do not use this space.

1. PLACE OF DEATH
 38 County Greene Registration District No. 314
 Township Stanberry Primary Registration District No. 7190
 6 City Stanberry (No. 675) St. _____ Ward _____
 2. FULL NAME Sarah K. Wharton
 (a) Residence, No. Stanberry Mo. St. _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

32185

File No. _____
 Registered No. 21
 Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar W. Wharton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 11 14
 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) 4-17-1938 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Greene County (STATE OR COUNTRY) Missouri
 MOTHER 13. NAME James L. Coffey
 14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) _____
 15. MAIDEN NAME Elizabeth Litten
 16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY) _____
 17. INFORMANT Rosa Wharton (ADDRESS) Stanberry Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highridge DATE 9-21-1938
 19. UNDERTAKER J. E. Johnson (ADDRESS) Stanberry Mo.
 20. FILED 9-60- (38) W. B. Demott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Sept 18, 1938.
 I last saw him alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 11:55 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Stenosis
 Date of onset _____
 Other contributory causes of importance:
Small Intestine
 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) W. B. Demott M. D.
2816 (Address) Stanberry 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.

