

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

32600

Do not use this space.

RECD OCT 18 1938

1. PLACE OF DEATH

(a) County Lamar Registration District No. 467
 (b) Township Amos Primary Registration District No. 4280 Registered No. 50
 (c) City Amos Mo. (d) Street No. _____ St.
 (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 Jane Tunnell

(a) Residence, No. 799 Griffith 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Tunnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Tenn.

FATHER 13. NAME Sam Berry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Verna Furlow

18. BURIAL, CREMATION, OR REMOVAL PLACE Clay Hill DATE Aug 15th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Aurora Funeral
Aurora Mo. Home

20. FILED (date) 19 38 R. D. Cannon
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938, to Aug 15, 1938
 I last saw her alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 4:59 a.m.

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

Apoplexy

Date of onset

8/11/38

Other contributory causes of importance:

Uncle Polaris

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) W. H. Smith, M. D.

419? (Address) 121 W. Pleasant Aurora Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-284

Date Filed 10/6/38

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,

Brian L. Marsh

or by

Registered Apprentice No.; working under my personal supervision.

Signed

Brian L. Marsh

Licensed Embalmer No. 3812

P. O. Address Avondale 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.