

REC'D OCT 18 1938

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

33120
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township Sugar-Creek Primary Registration District No. 3034
 (c) City Moberly (d) Street No. 539 W Coates 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.

Registered No. 189

2. PRINT FULL NAME Sarah Frances Crist 623
 (a) Residence, No. 539 W Coates 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10th 1864
 7. AGE YEARS 74 MONTHS 6 DAYS 22 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1938 to Oct 2 1938
 I last saw her alive on Oct 1 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Valvular Heart Dis Date of onset Sept 1938
 Other contributory causes of importance: None
 Name of operation None
 What test confirmed diagnosis? Chloroform Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
 13. NAME Andrew Crist
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
 15. MAIDEN NAME Christine Kline
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
 17. INFORMANT Mrs. Mary C Miller (ADDRESS) Moberly, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Oct 4th 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son Moberly, Mo
 20. FILED Oct. 5 1938 Ethel G. Gledhill Local Registrar.

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? no
 If so, specify
 (Signed) C. Smith M. D.
 (Address) Moberly, Mo

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Frank D. Watt

Licensed Embalmer No. *3021*

P. O. Address

Moberly, 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.