

REC'D NOV 18 1938

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

35019
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 47
(b) Township Neer Creek Primary Registration District No. 4027
(c) City Adrian (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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
50" Sarah Josephine Mahan
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 William S. Mahan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-24-1855
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 10 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
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) Orange Co. Ill. 9

FATHER 13. NAME Thomas Gifford 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 9

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Ben & Lukenbill Adrian Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Levent Hill DATE Oct. 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Levath & Dix Adrian Mo

20. FILED Nov 1 1938 Ethel C. Stephens Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct-11 1938, to Oct-11 1938

I last saw her alive on Oct 11 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

Uremic Poison Date of onset

Other contributory causes of importance: 131

Nephritic Chronic

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) E. E. Robinson, M. D.

50 (Address) Adrian 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-321

Date Filed 11-3-38

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,

....., or by

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

Signed..... 

Licensed Embalmer No. 3650

P. O. Address Adrian 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.