LEG'L NOV 21 1938

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

35501
Do not use this space.

**1. PLACE OF DEATH**

(a) County COOPER — Registration District No. 218

(b) Township — Primary Registration District No. 3015 — Registered No. 102

(c) City BOONVILLE — (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** MRS SARAH FARRIS LLOYD

(a) Residence, No. 1 RIVERSIDE DRIVE 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| FEMALE | WHITE | WIDOWED |

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF ARCHIE D. LLOYD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 5, 1870

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 4 | 3 | |

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. HOUSEWIFE

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI

FATHER

13. NAME WILLIAM FARRIS

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MRS. NOBLE GEIGER BOONVILLE MO.

18. BURIAL, CREMATION, OR REMOVAL Howard Co, Mo,
PLACE SULPHUR SPRINGS, DATE NOV 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER & KOENIG BOONVILLE MO.

20. FILED Nov. 9, 1938 D. E. Hooper Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-1-37, 19..., to 11-8-38, 19...
I last saw her alive on 11-8-38, 19... Death is said to have occurred on the date stated above, at 10:30 pm.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ? pulmonary embolism | 11-8-38 |
| Arteriosclerosis | yrs |
| Cerebral Hemorrhage | 1 yr |

Other contributory causes of importance:
old age

Name of operation none Date of
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) A. Lee Rainwater, M. D.
(Address) Boonville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X14028

## 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 James W. Slegner

Licensed Embalmer No. 3780

P. O. Address Boonville, N.Y.

**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.**