

DEC 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MontgomeryRegistration District No. 592Township MontgomeryPrimary Registration District No. 5790City Near Buell Mo(No. 592)File No. 39860Registered No. 29

St. _____ Ward _____

2. FULL NAME Sarah Francis Andrew

(a) Residence, No. _____

St., _____

Ward, _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGeorge Andrew

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

March 14 th 1860

7. AGE

YEARS

78

MONTHS

8

DAYS

4If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Home9. 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)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Montgomery Co Mo

MOTHER FATHER

13. NAME

William Adams14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lincon Co Mo

15. MAIDEN NAME

Un Known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)R. L. Andrew
Buell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mc Quoid CemDATE 11/19/3819. UNDERTAKER
(ADDRESS)C. V. Hopkins
Montgomery City Mo

20. FILED

Nov. 18 1938Buell Menefee
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11/18/38, 193822. I HEREBY CERTIFY, That I attended deceased from
June 16, 1934 to November 18, 1938I last saw her alive on November 6, 1938 Death is saidto have occurred on the date stated above, at 4:00am

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

1. Valvular Heart Disease,
Mitral insufficiency.
2. Myocarditis
3. Arterial hypertension
4. Arterio sclerosis

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Phys. Exptl. 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 _____, 1938

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) Buell Menefee, M. D.(Address) Montgomery City, 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.

