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.

REC'D JAN 23 1939

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

Do not use this space.

1. PLACE OF DEATH
County Webster 2
Township Washington 1
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 99
Primary Registration District No. 6206

File No. 44869
Registered No. 8

2. FULL NAME 363 Sarah Adelaide Stewart

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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 DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thaddius Hyatt Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1868

7. AGE: YEARS 69 | MONTHS 9 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): Fall 1937
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sullivan County, Missouri

FATHER
13. NAME: Newton Sloan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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

17. INFORMANT (ADDRESS): Claude Stewart R.F.D. Marshfield, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Plank DATE February 15, 1938

19. UNDERTAKER (ADDRESS): Rex Rainey Marshfield, Missouri

20. FILED Feb 16, 1938 E. M. Burley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1938, to Feb. 14, 1938
I last saw her alive on February 9, 1938. Death is said to have occurred on the date stated above, at 3:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis-toxic	2/7/38
Other contributory causes of importance: Pneumonia-Acute Lobar.	2/7/38

Name of operation No Date of —
What test confirmed diagnosis? Clinical 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) C. P. Macdonnell, M. D.
(Address) Marshfield, Mo.

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