

DEC'D FEB 27 1939

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

3629

Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 737
(b) Township Chariton Primary Registration District No. 5972 Registered No.
(c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Allie Bradsher
(a) Residence, No. P.F.D. College mound MO 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alanson Bradsher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 15
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. House Wife
10. Date deceased last worked at this occupation (month and year) 3 months 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co13. NAME Henry Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Narcissa Harlan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Alanson Bradsher
P.F.D. College mound Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE Jan. 13 193919. FUNERAL DIRECTOR (ADDRESS) Snow Funeral Home
215 S. 4th St. Moberly Mo.20. FILED Feb - 1 - 1939 Mrs. D. A. Thornhill
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 11 - 193922. I HEREBY CERTIFY That I attended deceased from Sept 1 1939, to Jan 11 1939I last saw her alive on Jan 11 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Cerebral apoplexy

Date of onset

Other contributory causes of importance:

Diabetes mellitus

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) H. S. Harlan M. D.(Address) Sullivan Mrs.

RECEIVED

District Health Officer No. 10

District File Number 10-39-177

Date Filed FEB 7 1939

STATEMENT BY LICENSED EMBALMER

I, Thos. E. Barnes, Licensed Embalmer No. 2414

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself +

L. E.
No. Marion Qator or by Marion Qator, Registered Apprentice No. 185
working under my personal supervision.

Signed Thomas E. Barnes
Licensed Embalmer No. 2414

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.)