

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.

APR 20 1939

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

(Carlisle)
Do not use this space.
11866
File No. 103
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3092
City Sedalia (No. 537 East 4th St.) St. _____ Ward _____

2. FULL NAME Sarah Francis Scow

(a) Residence, No. 537 East 4th St. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Chas. P. Scow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1850

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>88</u>	<u>7</u>	<u>3</u>	

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.

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) Fayette Mo.

FATHER 13. NAME Carl Kresse

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

MOTHER 15. MAIDEN NAME Etta Miller

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

17. INFORMANT Louise Wilkerson (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE March 16, 1939

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED March 16, 1939 Mrs Harry S need (Address) Sedalia Mo - 1, M. D.
Registrar. 3/16/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 14, 1939
I last saw her alive on March 14th, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 7

Other contributory causes of importance: Influenza - 10 days

Name of operation none Date of _____
What test confirmed diagnosis? Fundus Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1939

Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease of injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. B. Carlisle M.D.
(Address) Sedalia Mo - 1, M. D.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/10/39