

2550 MAY 18 1939

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

14106
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township 1 Primary Registration District No. 4010 Registered No. 26
(c) City Savannah (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 Sarah Abbie Deaton

(a) Residence, No. Savannah 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 Charls Deaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Galesburg (STATE OR COUNTRY) Ind

FATHER 13. NAME William Appleton
14. BIRTHPLACE (CITY OR TOWN) Un known (STATE OR COUNTRY) Un known

MOTHER 15. MAIDEN NAME Margret Williams
16. BIRTHPLACE (CITY OR TOWN) Gales Burg (STATE OR COUNTRY) IND

17. INFORMANT Walter Deaton (ADDRESS) Rosendale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravel Wall DATE 4-20 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit (ADDRESS) Savannah Mo.

20. FILED Apr 20 1939 Mrs. Jennie Rash Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18th 1939, to April 19th 1939
I last saw her alive on April 18th 1939 Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Cerebral Hemorrhage
Hypertension
of the left sided Hemiplegia
Date of onset 4-18-39
Other contributory causes of importance:
1. Hypertension
2. Cardiac decompensation
myocardial failure

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) Gilbert B. Kelley, M. D. (Address) Savannah, 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.

District Health Officer No. 11,

District File Number 11-39-537

Date Filed MAY 16 1939

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,

E. C. Breit

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

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.