

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

25627
 Do not use this space.

1939 AUG 14 1939

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. 913 W. Florida 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 77 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Annie Letterman
 (a) Residence, No. 913 W Florida St 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John D. Letterman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 1935
 7. AGE YEARS 87 MONTHS 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Mother
 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) (STATE OR COUNTRY) Greene County, Mo.

FATHER 13. NAME Fisher Benton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Mo

MOTHER 15. MAIDEN NAME Mary Jane Derreberry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Mo

17. INFORMANT (ADDRESS) Mrs George Browning 913 W Florida St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Broadline, Mo. DATE July 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shinn Springfield, Mo
 20. FILED July 16 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1938 to July 14 1939
 I last saw her alive on July 14 1939. Death is said to have occurred on the date stated above at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

myocardial insufficiency
Chronic Valvular disease
before
 Date of onset 7-1-39
fracture left femur
senility
 Date 12-27-38

Other contributory causes of importance: _____
 Name of operation no 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? no
 If so, specify _____
 (Signed) Daniel L. Yancey M. D.
Springfield, Mo (Address)

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.

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, or by.....
R. Quinn....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3001*

P. O. Address *Sp. 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.