

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.

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

Do not use this space.

RECD AUG 19 1939

27075

1. PLACE OF DEATH

County Texas
 Township Roubidoux
 City _____ (No. _____)

Registration District No. 867
 Primary Registration District No. 6147

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

146 Sarah Kabler

(a) Residence, No. Success m St. _____ Ward _____

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS 71 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1939, to March 1st 1939

I last saw her alive on Feb 28 1939. Death is said to have occurred on the date stated above, at _____ m.

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

Bronchial Pneumonia
Influenza
 Other contributory causes of importance: IIW

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) Texas Co. Mo.

13. NAME Jesse Bray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Nancy Henson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) B. H. Ballard Success mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pisgah DATE 3-2 1939

19. UNDERTAKER (ADDRESS) _____

20. FILED 3-1 1939 R. B. Lilly Registrar

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) Robert B. Lilly, M. D.
 (Address) Plato, Mo.

