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

Do not use this space.

35442

File No.
Registered No.

1. PLACE OF DEATH
County: Bates
Township: Homer
City: (No. St. Ward)
Registration District No.: 45
Primary Registration District No.: 5072

2. FULL NAME: Sarah Jane Morwood

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andy Morwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1858

7. AGE: Years 80 Months 9 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Invalid
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): Peoria Ill.

FATHER
13. NAME: John Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ireland

MOTHER
15. MAIDEN NAME: Sarah Jane Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ireland

17. INFORMANT (ADDRESS): Miss Isabel Morwood Amsterdam Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mulberry Cem. DATE: 10-11 1939

19. UNDERTAKER (ADDRESS): Archer & Mangold Amsterdam Mo

20. FILED: 10/19 1939 Muriel Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Oct. 10, 1939
I last saw her alive on Oct. 8, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronick Endocarditis	

Other contributory causes of importance: None

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?
If so, specify
(Signed) J. M. Smith, M. D.
(Address) Amoret 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED

[illegible] Officer No. 7,

Distr [illegible] 11-39-1618-

Date Filed 11-14-39