

DEC 12 1939

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

40009
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2 Registration District No. 422
(b) Township Central 1 Primary Registration District No. 5577 Registered No. _____
(c) City Victoria (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 Sarah Alice McKee
(a) Residence, No. Victoria no. St. (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 Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2, 1862
7. AGE YEARS 77 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) House Springs Mo.

FATHER 13. NAME Martin Tillison 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo. 0

MOTHER 15. MAIDEN NAME Cecilia Mull 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeff. Co. Mo.

17. INFORMANT Charles McKee
(ADDRESS) Victoria Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Victoria DATE Nov. 27, 1939

19. FUNERAL DIRECTOR Donnell D. Dethman
(ADDRESS) Victoria Mo.

20. FILED Nov. 30, 1939 Michael Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1939, to 11/25, 1939

I last saw him alive on 11/24, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

arterio-sclerotic heart disease
Nephrosclerosis

Date of onset

unknown

Other contributory causes of importance: arthritis of spine

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Harv. M. Dethman M. D.

(Address) Edgely. De So, Mo.

MARGIN RESERVED FOR BINDING

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

V. S. NO. 2.
50M-7-20-37

1 X12004

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.

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STATEMENT BY LICENSED EMBALMER

I, Donnell B. Dietrich, Licensed Embalmer No. 4104

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Donnell B. Dietrich
Licensed Embalmer No. 4104

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.)