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

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.

FILED APR 24 1942

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

Do not use this space.

12344

1. PLACE OF DEATH
County Worth
Township
City Near Allendale (No. , St. Ward)
Registration District No. 903
Primary Registration District No. 4544
File No. 113
Registered No.

2. FULL NAME Sarah E. Walters
(a) Residence, No. RURAL St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Walters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29/ 1860
7. AGE YEARS 81 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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) Ind.

FATHER
13. NAME Franklin Goodwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Nancy poteroff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs Bertha Lamb Grant City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lotts Grove Mo DATE 4/2/ 1942
19. UNDERTAKER (ADDRESS) C. O. Rhoades Mount Ayr Iowa.
20. FILED April 3, 1942 Arlene Scadden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29-1942, 19

22. I HEREBY CERTIFY, That I attended deceased from January 1932, 19, to March 29 -42, 19
I last saw her alive on December 26, 1941. Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Heart Dissease — Date of onset Jan 8 1930

This patient has been total Invalid Physically and Mentally for past Five Yrs

Other contributory causes of importance:

93d

Name of operation 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) O. L. Fullerton, M. D.
(Address) Redding Iowa

1104