

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.

JUL 24 1930

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

Do not use this space.

McNeil
File No. 20270
Registered No. 164
St. _____ Ward _____

1. PLACE OF DEATH
County Pitts Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 502 E 2nd) St. _____ Ward _____
2. FULL NAME Sarah Louise Harbit
(a) Residence, No. 502 E 2nd 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Harbit
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 22 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 5 _____
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
10. NAME OF FATHER Wilson Wyatt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER Olive Fowler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

14. INFORMANT Mrs J. W. Paulus
(Address) Sedalia Mo

15. FILED 6-25-30 J. H. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1930
17. I HEREBY CERTIFY, That I attended deceased from April 10, 1929, to June 27, 1930 that I last saw her alive on June 27, 1930, and that death occurred, on the date stated above, at 11:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

probates mellitus
59
57 (duration) do not know yrs. mos. ds.
CONTRIBUTORY (SECONDARY) multiple neuritis
(duration) yrs. 3 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
DO NOT AT PLACE OF DEATH do not know
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical diagnosis
(Signed) Chambers, M. D.
June 25 1930 (Address) Sedalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor, Mo. DATE OF BURIAL 6/29 1930

20. UNDERTAKER Gillespie ADDRESS Sedalia

