

MAR 24 1931

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

Do not use this space.

5278

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Emeline Bixman

(a) Residence. No. 118 7 Seeds Ward. \_\_\_\_\_  
(Usual place of abode) (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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ for several years, 19\_\_\_\_, to July 23, 1931, that I last saw her alive on July 23, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ a. m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bixman

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Scarlet Malaria  
57

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-6-1856  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 2 17

year (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY Scarlet Fever (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Ripley Ohio (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER John Snedaker

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS Clinical laboratory  
(Signed) B W Wolz, M. D.

12. MAIDEN NAME OF MOTHER Elizabeth Black

, 19 (Address) Clinton Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

\*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.

14. INFORMANT Merl Bate Bixman (Address) Clinton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL 2-25 1931

15. FILED 2/25 1931 Ed C. Peeler REGISTRAR

20. UNDERTAKER Spare and Son ADDRESS Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

