

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

Do not use this space.

40804
63

PLACE OF DEATH

County monroe
Township Jackson
City Jackson (No. _____)

Registration District No. 582
Primary Registration District No. 5779

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Frances Day

(a) Residence, No. _____ St. _____ Ward _____
(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. (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 (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Frank Day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/2/1853

7. AGE YEARS 80 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) monroe co mo

13. NAME Jack Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Adkisson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Chas. Pierce (ADDRESS) Meriden Mo R R

18. BURIAL, CREMATION, OR REMOVAL

PLACE Adkisson DATE 12/18 1933

19. UNDERTAKER W. C. Thompson (ADDRESS) Meriden Mo

20. FILED DEC 18 1933 W. C. Pierce Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 20, 1933, to Dec 17, 1933

I last saw her alive on Nov 25, 1933 Death is said to have occurred on the date stated above, at 8 a m.

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

Arteriosclerosis

Date of onset

Don't know

Other contributory causes of importance:

Name of operation _____ 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? _____ Date of injury _____, 1933

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) M. C. McMurphy, M. D.

(Address) Paris Mo

