

REV FEB 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County ColeTownship MarionCity MarionRegistration District No. 211Primary Registration District No. 5291File No. 2076Registered No. 1

St. _____ Ward)

2. FULL NAME 635John Nelson Sartain

(a) Residence, No. _____

St. _____

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

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widower5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 2, 1853

7. AGE

YEARS

85

MONTHS

7

DAYS

19If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Carpenter9. 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)Moniteau Co., Mo.

13. NAME

Joshua Sartain14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Tenn.

15. MAIDEN NAME

Nancy Benson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Howard Co., Mo.17. INFORMANT
(ADDRESS)W D Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE California, Mo.DATE Jan. 21193919. UNDERTAKER
(ADDRESS)J. W. Wilson & Son
California, Mo.

20. FILED

1/231939H. J. Leach, Jr., D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 193922. I HEREBY CERTIFY, That I attended deceased from
January 21, 1939 to same date, 1939I last saw him alive on January 21, 1939 Death is said
to have occurred on the date stated above, at 10 p.m.

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

Apoplexy

Date of onset

Other contributory causes of importance:

Chronic Valvular Heart
Disease.Name of operation none

Date of _____

What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1939Where 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? _____

If so, specify _____

(Signed) Frank J. Nichols(Address) Centertown, Mo.

M. D.

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.

