

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.

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

Do not use this space.

41614

## 22. PLACE OF DEATH

County Moniteau

Registration District No. 576

File No. \_\_\_\_\_

Township Burris Fork

Primary Registration District No. 5774

Registered No. 11

City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME Sarah E. Hogsett

(a) Residence, No. Enon, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17th, 1869

7. AGE YEARS 62 MONTHS 2 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Missouri

13. NAME William Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Susan Medlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Lawrence Hogsett (ADDRESS) Jamestown Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gray Cem. DATE Dec. 26 1931

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville Mo.

20. FILED 1-10-32 Dr. H. B. Finkle Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23rd, 1931 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1931 to Dec. 23, 1931

I last saw him alive on Dec. 20, 1931 Death is said to have occurred on the date stated above, at 6-45 A.M.

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

Diabetes

Date of onset \_\_\_\_\_

Other contributory causes of importance:

retention of heart

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) W. C. Allen M. D.

(Address) Elm Mo

