

OCT 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30154

1. PLACE OF DEATH

County MoniteauTownship WilliamforkCity Tipton

(No.)

Registration District No. 576Primary Registration District No. 4339

File No.

Registered No.

St.

Ward)

2. FULL NAME Sarah Elizabeth Donley

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Widow5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF John Donley (Deceased)6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 23, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.81613

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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) 9/11/3511. Total time (years)
spent in this
occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Clark County
Indiana13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown15. MAIDEN NAME Mary Spurgeon16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Indiana17. INFORMANT Mrs. Cal Henry

(ADDRESS)

Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE MoreauDATE Sept. 12, 1935

19. UNDERTAKER

(ADDRESS)

Jessie E. Richards
Tipton, Mo

20. FILED

Sept 12, 1935Mrs. Sarah M. Myle

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1935, to Aug 11, 1935I last saw her alive on Aug 10, 1935. Death is saidto have occurred on the date stated above, at 5: P.M.

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

Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Similarity

Name of operation

Date of

What test confirmed diagnosis: Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) B. F. Bowlace, M. D.(Address) Tipton, Mo.

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.

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township _____
City Lipton (No. _____, St. _____, Ward _____)

Registration District No. 578-
Primary Registration District No. 4339

File No. _____
Registered No. _____

2. FULL NAME

(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 <u>7</u>	4. COLOR OR RACE <u>N</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>81</u>	YEARS <u>81</u>	MONTHS <u>12</u> DAYS <u>12</u> (If LESS than 1 day, _____ hrs. or _____ min.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
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)	

12. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT _____
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19____

19. UNDERTAKER _____
(ADDRESS) _____

20. FILED 9-12 1935 Mrs. Sarah Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Interstitial Nephritis

Chronic

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) B. F. Bowline, M. D.

(Address) Lipton Mo

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.

S-30154