

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

Do not use this space.

34795

1. PLACE OF DEATH

County Ray Co Mo
Township Ormh
City _____ (No. _____)

Registration District No. 743
Primary Registration District No. 5978

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME Sarah Jane McMullin

(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-4-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER Mike Artman

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

12. MAIDEN NAME OF MOTHER Anna Tamwater

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

14. INFORMANT Frank Mc Mullin
(Address) Ormh Mo

15. FILED Oct 10 19 24 L. E. Ellis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-5 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1924 to Oct 5, 1924 that I last saw her alive on Oct 5, 1924, and that death occurred, on the date stated above, at 12 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Valvular Heart Disease

4-5-A (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

9000 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) L. E. Ellis, M. D.

, 19 (Address) Ormh Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL South Point Cemetery DATE OF BURIAL 10-7 1929

20. UNDERTAKER W. Y. Gibson ADDRESS Ormh 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.

233

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2

