

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.

529

1. PLACE OF DEATH

County Slay Registration District No. 198
Township Franklin Primary Registration District No. 301A
City Excelsior Springs, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

Sarah Jane Wynman
(a) Residence, No. 715 2nd St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2-1869
7. AGE YEARS 64 MONTHS 1 DAYS 1
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Book Co
(STATE OR COUNTRY) _____

13. NAME Daniel Weatherford

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

15. MAIDEN NAME Matilda Chamberlind

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

17. INFORMANT S. J. Wynman
(ADDRESS) Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cassidy DATE Jan 4 1934

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs Mo.

20. FILED 1-4 1934 Y.D. Craun
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 2 1934
last saw h. or alive on Jan 2 1934. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage.
Other contributory causes of importance:
high blood pressure
acute valv.

Name of operation neu 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? no 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) S. J. Wynman M. D.
(Address) Excelsior Springs Mo.

~~DEC - 31 - 2 HV~~

1953
1954

Jan - 1 - 2 HV
2 - 1 1/2
3 - 1 1/4