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.

35484

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10233

City St. Louis (No. 3218 Lafayette Ave St. ..... Ward)

2. FULL NAME Sarah Terry

(a) Residence. No. Troy, Mo. St., 17 Ward. Troy, Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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: Edw. Terry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 9-1852

7. AGE: Years 77, Months 1, Days 9. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

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9. BIRTHPLACE (CITY OR TOWN): Lincoln
(STATE OR COUNTRY): Mo

1

PARENTS

10. NAME OF FATHER: Joseph Garner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Sarah Welcher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

2

14. INFORMANT: Mrs. Jesse Putting
(Address) 3218 Lafayette Ave

15. FILED OCT 22 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 18 1929

17. I HEREBY CERTIFY, That I attended deceased from October 16, 1929 to October 18, 1929 that I last saw her alive on October 18, 1929, and that death occurred, on the date stated above, at 12 P.m.

82A THE CAUSE OF DEATH* WAS AS FOLLOWS:
77 Cerebral hemorrhage
77 Arterio Sclerosis
162

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senile debility

(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) Chas. H. Weinberg, M. D

X. 19 1929 (Address) 3232 Lafayette

*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: Winfield, Mo. DATE OF BURIAL: 10/20 1929

20. UNDERTAKER: David L. Forbush ADDRESS: Winfield Mo