MAY 26 1930

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

Do not use this space. 743-B C

1. PLACE OF DEATH
County Gentry
Township Huggins
City ..... (No. ..... St. ..... Ward)

Registration District No. 309
Primary Registration District No. 5428

File No. .....
Registered No. 16

2. FULL NAME Sarah Francis Carlock

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Henry Carlock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug Thd 27-1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	88	4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Ohio

PARENTS
10. NAME OF FATHER George Collins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Mary Barkley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Henry Carlock
(Address) Gentry

15. Jan 10 1930 W. F. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to Jan 7, 1930 that I last saw her alive on Jan 7, 1930, and that death occurred, on the date stated above, at 4 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
23A
31
(duration) ..... yrs. 2 mos. 10 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at Place of Death
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. R. Williamson M. D.
Jan 7, 1930 (Address) Gentry 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	DATE OF BURIAL
Old Brick Church Cemetery	Jan 9 1930
20. UNDERTAKER	ADDRESS
L R Shockley	Albany Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...on should be care... PHYSICIANS should state

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