

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15583

1. PLACE OF DEATH

County Cedar
Township Stockton
City Stockton (No. _____)

Registration District No. 165-
Primary Registration District No. 4097

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Sarah Ellen Clemons

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Clemons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 19

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) Plattburg, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER J. G. Sanders
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Melinda Dusean
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn. Ky.

14. INFORMANT W. M. Clemons
(Address) Stockton Mo.

15. FILED June 9, 30 E. S. Smith REGISTRAR
Mary Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/28/30 19 30

17. I HEREBY CERTIFY, That I attended deceased from June 2 1930, to May 23 1930
that I last saw her alive on 5/28 1930, and that death occurred, on the date stated above, at 4 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignant Sarcoma
460/11 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

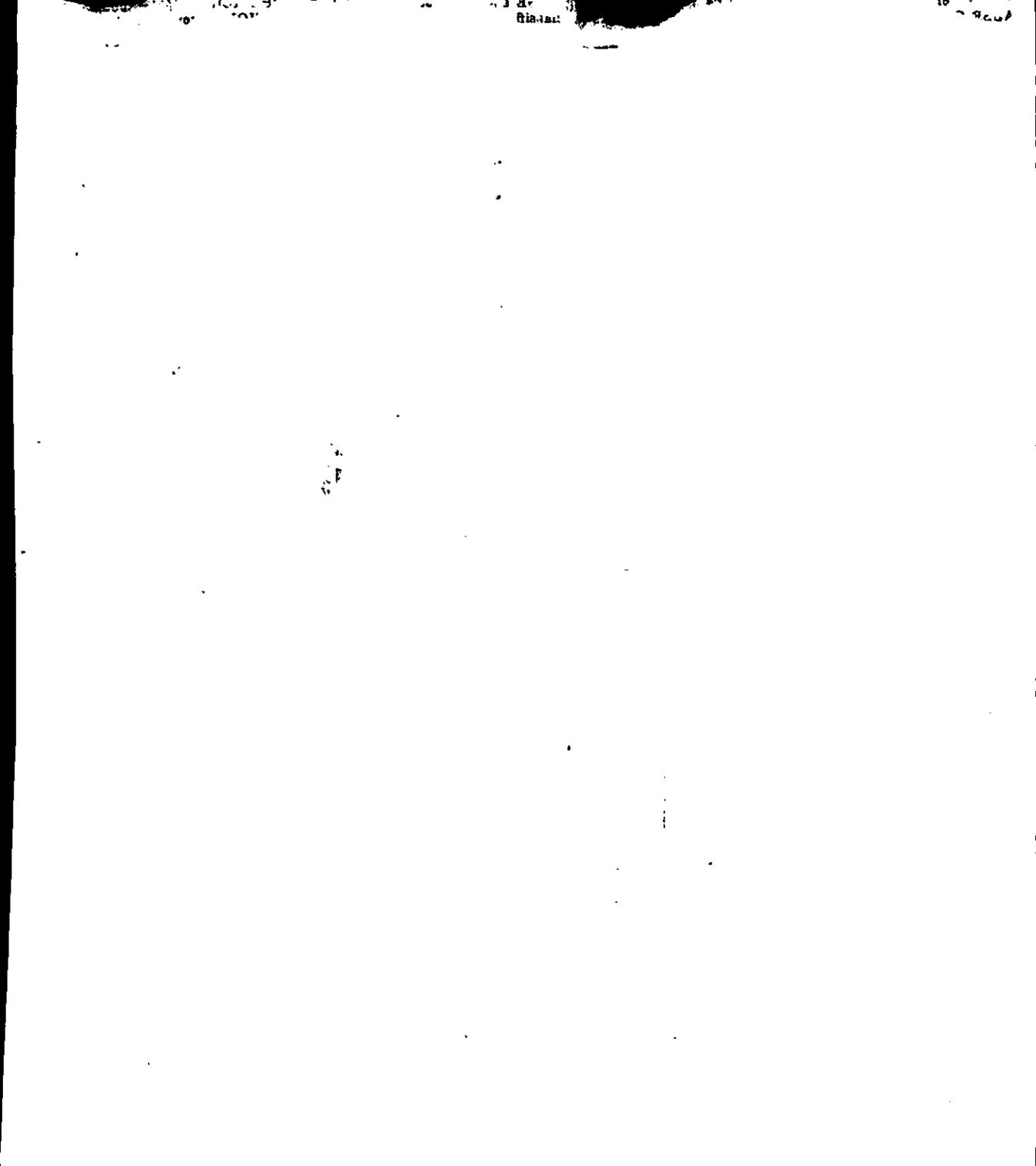
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Sam H. Emerson, M. D.
5/9, 1930 (Address) Stockton Mo.

*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 Stockton, Cemetery DATE OF BURIAL 5/29 1930

20. UNDERTAKER W. C. Davis & Co. ADDRESS Stockton Mo.

N. B.—Every item of information 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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Cedar Registration District No. 163 File No.
 Township Primary Registration District No. 4097 Registered No. 26
 City Stockton (No. St. Ward)
 2. FULL NAME Sarah Ellen Clemons
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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)
 10. NAME OF FATHER
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
 14. INFORMANT (Address)

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 19 30
 17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw h. alive on 19... and that death occurred, on the date stated above, at m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Sarcoma of Intestine
Cause Unknown
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. E. Emerson, M. D.
 , 19 (Address) Stockton 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
 ADDRESS 19
 20. UNDERTAKER ADDRESS

15. FILED May 30 E. S. Smith REGISTRAR
Mary Bayless

SUPPLEMENTARY

45

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
 Every item of information should be stated EXACTLY. PHYSICIANS should be carefully stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it can be classified.

8-15-43

ated by check marks, lacking from the death certificate: 20

Name: Sarah Ella Clemens

Who died at: Stockton, Mo. on May 28, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Malignant Sarcoma
Intestines - cause unknown

Contributory: I Do Not Know the
Seat of her Disease Priming Cause

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

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

Name of physician: _____

2000 (S.S.)