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

Do not use this space.

1966

1. PLACE OF DEATH

59 County Lincoln — Registration District No. 492 — File No. 161

Township Monroe — Primary Registration District No. 5652 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sarah Ann Day

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 N. R. Day

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana 2

PARENTS
10. NAME OF FATHER William Parsons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) S. Carolina
12. MAIDEN NAME OF MOTHER Thomasson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't know 30

14. INFORMANT N. R. Day
(Address) Winfield, Mo. R.F.D.

15. FILED 1/12, 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-20, 1930, to 1-11, 1931 that I last saw her alive on 1-11, 1931, and that death occurred, on the date stated above, at 8 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
108
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 108
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
BN (Signed) [signature], M. D.
1/12, 1931 (Address) Old Monroe

*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
Argent Cemetery	Jan 13 1931

20. UNDERTAKER David L. Forbush — ADDRESS Winfield, Mo.

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.