

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

Do not use this space.
28473

1. PLACE OF DEATH
 39 County Saline Registration District No. 796
 5 Township Marshall Primary Registration District No. 3038
 1 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Lovelless
 (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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 2 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) (STATE OR COUNTRY) Mo

MOTHER FATHER
 13. NAME Sarah Lovelless
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Leinta Maraduke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ed Pate
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairview Cem DATE Aug 10, 1933

19. UNDERTAKER Ferguson-Williams
 (ADDRESS) Marshall Mo

20. FILED 8/14, 1933. T. B. Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 - 1933, to _____, 19____
 I last saw her alive on Aug 6 - 1933. Death is said to have occurred on the date stated above, at 5 P. M.
 The principal cause of death and related causes of importance were as follows:
Hypertrophy of
Left Heart
Abdominal Organs
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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? _____
 If so, specify Yes
 (Signed) Geo. B. Hardin, M. D.
 (Address) Marshall 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.

SEP - 6 1933

V. S. NO. 3

