

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 26 1933

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

Do not use this space.

28643

1. PLACE OF DEATH

County *Wright* Registration District No. *899*
Township *Jackson* Primary Registration District No. *6205*
City (No. _____) St. _____ Ward _____

2. FULL NAME *Sarah Cress*

(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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 10, 1874*
7. AGE YEARS *58* MONTHS *8* DAYS *24* IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) *Geni*

13. NAME *John Hammel*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME *Erdley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT *Mrs. Cress*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Windsor Ridge* DATE *Aug 8* 1933

19. UNDERTAKER *H. J. McMahon*
(ADDRESS)

20. FILED *9-3* 1933 *Sued R. Whitson*
Registrar

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from *July 2* 1933 to *Aug 6* 1933
I last saw him alive on *July 6* 1933 Death is said to have occurred on the date stated above, at *5* *8* m.
The principal cause of death and related causes of importance were as follows:

Probable cause of death
There was no autopsy
Other contributory causes of importance
None

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 _____
(Signed) *[Signature]* M. D.

(Address) *[Address]*

