

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

Do not use this space.

37007

JAN 4 1934

1. PLACE OF DEATH

County Lafayette Registration District No. 460
Township Donner Primary Registration District No. 4272
City Corder (No.) St. Ward)

File No.
Registered No. 70

2. FULL NAME Sarah Agnes O'Malley

(a) Residence, No. 1 Corder St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. O'Malley 2-9-1848

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Myersville Maryland

13. NAME Abraham Creeger

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

15. MAIDEN NAME Sarah Pentzeyer

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

17. INFORMANT (ADDRESS) Hayden Hollenman Corder Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE Nov. 7 1933

19. UNDERTAKER (ADDRESS) Haefer & Mainchapel Higginsville Mo

20. FILED 11-6-33 Dr. W. A. Braecklein Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1933, to 11-5, 1933

I last saw her alive on 11-5, 1933. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia
Myocarditis
48
46 F
93 F
116
Other contributory causes of importance:
Carcinoma of Uterus
with liver metastasis
Jauundice

Date of onset
(3)
(3)

Name of operation: _____ Date of: _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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: Ralph J. Lee, M. D.
(Signed) Corder, Mo
(Address)

N.B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

2222

