

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Pettis

Registration District No. 669

Township

Primary Registration District No. 3032

City Sedalia

No. 1426 E. Bury

File No. 63

Registered No. 668

St.

Ward

2. FULL NAME Sarah Caroline Money

(a) Residence, No. 1426 E Bury St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rufus Money</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26, 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>6</u>
	DAYS <u>19</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	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. <u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1934 to Feb 15 1934

I last saw h. alive on Feb 15 1934 Death is said

to have occurred on the date stated above, at 2 P. M. m.

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

Cerebral Hemorrhage  
Cerebral Hemorrhage Feb 14 34

Other contributory causes of importance:

Name of operating surgeon Frank R. Money Date of operation

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

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 Frank R. Money M. D.

(Signed) Sedalia Mo

(Address)

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County Mo</u>
	13. NAME <u>Thomas G. Green</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Nancy Shields</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Date</u>
	17. INFORMANT <u>J. V. Money</u> (ADDRESS) <u>Bloomington Ill</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>2 '17</u> 19 <u>34</u>
	19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia Mo</u>
	20. FILED <u>2-17-34</u> 19 <u>34</u> <u>Jean Slack</u> Registrar

