AUG 22 1935

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

Do not use this space.

25383

1. PLACE OF DEATH
County Vernon
Township Washington
City ~~[illegible]~~
Registration District No. 875
Primary Registration District No. 6162
File No.
Registered No. 133
(No. , St. Ward)

2. FULL NAME Freeman, Sarah
(a) Residence, No. State Hospital No 3, Nevada, Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. 8 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Z. P. Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1862

7. AGE YEARS 73 MONTHS 1 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Moniteau County Mo.

FATHER
13. NAME Ephrum Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Longan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Stanley McElwee California Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE California Mo DATE July 12 1935

19. UNDERTAKER (ADDRESS) Eichinger Nevada Mo.

20. FILED July 12 1935 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1934, to July 12, 1935
I last saw her alive on July 12, 1935 Death is said to have occurred on the date stated above, at 9 00 a m.
The principal cause of death and related causes of importance were as follows:

Acute Dilatation of heart

Date of onset

9 H b

Other contributory causes of importance:
Generalized Arteriosclerosis
Coronary disease

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19
Where did injury occur? no injury (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 no injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Roy W Pearse Jr, M. D.
(Address) State Hospital No 3, Nevada Mo

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.

Mr. Stanley Medlin
Chilhowee, Mo.