

MAR 26 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

9036

1. PLACE OF DEATH

County WebsterRegistration District No. 901Township West WalesPrimary Registration District No. 6210City St. Louis

File No.

Registered No. 12 Ward

2. FULL NAME

(a) Residence, No. Sarah E. Jarren St. St. Louis Ward. 12

(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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. L. Jarren6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6-18987. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
55 7 14

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) Mo.13. NAME S. B. North14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT (ADDRESS) Ch. F. Forrester18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Feb. 21 193619. UNDERTAKER (ADDRESS) M. Mahan Funeral Service20. FILED Feb 29, 1936 Nellie Atkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from

No physician 1936 to 1936
I last saw him alive on 8:00 P. m. 1936. Death is said to have occurred on the date stated above, at 8:00 P. m.

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

Unknown Date of onset2:00 P. M.

Other contributory causes of importance:

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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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

