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.

47441

1. PLACE OF DEATH JAN 27 1937

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 357

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Wisecup, Sarah Young

(a) Residence, No. State Hospital No 3, Nevada Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 10 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 John Wisecup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1871

7. AGE YEARS 65 MONTHS 8 DAYS 2 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) Mackwille North Carolina

FATHER

13. NAME Milford Setzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Chloe Hillard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs Myrtle Marlow Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville DATE 12-14-36

19. UNDERTAKER (ADDRESS) Bradford Funeral Home Marionville Mo

20. FILED 12-14 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to Dec 14, 1936.
I last saw her alive on Dec 14, 1936 Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	12/14/36

Other contributory causes of importance:
Generalized Arteriosclerosis
Thrombosis Left Cephalic Vein 12/13/36

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? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

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