

Do not use this space.

9116

MAR 26 1937

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

1. PLACE OF DEATH

County Stoddard  
Township Liberty  
City (No. , )

Registration District No. 838  
Primary Registration District No. 6098B

File No. ....  
Registered No. .... St. .... Ward)

2. FULL NAME

Louisa Jane Sadler

(a) Residence, No. .... St., .... Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16/37, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. J. Sadler

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1937, to 2-16, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1846

I last saw him alive on 2-14, 1937. Death is said to have occurred on the date stated above, at 2:20 p.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
90 1 24

Bacterial Pneumonia (Date of onset 2-12-37)

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

Other contributory causes of importance:  
Influenza

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME Clayton

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Louis Temples (ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sadler Chapel DATE 2/17/37

19. UNDERTAKER Blankenship-Strickland (ADDRESS) Dexter, Mo.

20. FILED 379 1937 Samuel Registrar.

Name of operation..... 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? ✓ 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? no  
If so, specify..... (Signed) S. S. Davis, M. D.

(Address) Dexter Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION  
MOTHER  
FATHER

9  
2  
30

Deputy

CNC