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

MAY 31 1937

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 17368
Township — Primary Registration District No. 3034 — Registered No. 118
City Moberly (No. ..., ... St. ... Ward)

2. FULL NAME John F. Sarbaum
(a) Residence, No. 505 N. Ault St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth Sarbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 24-Oct. 1867

7. AGE: 11 — YEARS: 69 — MONTHS: 6 — DAYS: 3 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wabash Shopman
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) 6 yrs ago
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
13. NAME Stephens Sarbaum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Louisa Bogue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Della Sarbaum Moberly Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Oakland Cemetery DATE April 30 1937

19. UNDERTAKER (ADDRESS) Snow Funeral Home Moberly Mo

20. FILED April 28 1937 Ethel Cleeton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27 1:30 p 1937, to April 27 10:30 p 1937
I last saw him alive on April 27, 1937. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Prostate	

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Other contributory causes of importance:

Name of operation ... Date of ...
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 ..., 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? ...
If so, specify ...
(Signed) H C Griffith, M. D.
(Address) Moberly Mo.