

DEC 13 1938

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

13930

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
(b) Township..... Primary Registration District No. 3003 Registered No. 20
(c) City Monett (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Lavina England

(a) Residence, No. 304 Pearl St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob A. England

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) Barry County, Mo.FATHER 13. NAME Tom Dillworth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TennesseeMOTHER 15. MAIDEN NAME Jane Bradley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT (ADDRESS) Mrs. W. T. Gray
Monett, Mo.18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE Pl. Pleasant Apr. 13, 193819. FUNERAL DIRECTOR (ADDRESS) Callaway's
Monett, Mo.20. FILED 4-13- 1938 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1938, to April 11, 1938
I last saw her alive on April 11, 1938. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia
Myocardial degeneration
Chronic Bronchitis

Date of onset
4/9/383Other contributory causes of importance: 930-

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? 40.....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? 40

If so, specify.....

(Signed) Frank H. New, M. D.(Address) Monett Mo

WHILE FURNISHING WITH OBTAINING 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.

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STATEMENT BY LICENSED EMBALMER

I, J. B. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. B. Buchanan

Licensed Embalmer No. 3179

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)