REC'D SEP 15 1939

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

Do not use this space.

1. PLACE OF DEATH
County St Francois 1 — Registration District No. 33 — File No. 30100
Township Randolph — Primary Registration District No. 6024B — Registered No. 26
City Leadwood (No. ..... St. ..... Ward)

2. FULL NAME 500 SARAH ANN QUEEN
(a) Residence, No. LEADWOOD, Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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*): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 15, 1939

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

OCCUPATION
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) LEADWOOD (STATE OR COUNTRY) MO

FATHER
13. NAME HARRY QUEEN
14. BIRTHPLACE (CITY OR TOWN) LEADWOOD (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME RACHEAL MULL
16. BIRTHPLACE (CITY OR TOWN) DESLOGE (STATE OR COUNTRY) MO

17. INFORMANT Harry Queen
(ADDRESS) Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood DATE Aug 18 1939

19. UNDERTAKER J. S. Boyer & Son
(ADDRESS) Leadwood Mo.

20. FILED 9-10 1939 W. E. Aubuchon Registrar. 701

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1939 to Aug 16 1939
I last saw her alive on Aug 16 1939. Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute colitis	Aug 12 39
1 day	

Other contributory causes of importance: unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Sy 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) P. L. Evans, M. D.
(Address) Bonneterre Mo

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