FILED DEC 1 1943

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

38885
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 275
(b) Township ..... Primary Registration District No. 3053 — Registered No. 98
(c) City Rolla (d) Street No. 10th & Cedar Sts. St.
(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 1 yrs. mos. 6 ds. How long in U. S., ~~if of foreign birth?~~ yrs. mos. ds.

2. PRINT FULL NAME Sarah Catherine Black
(a) Residence, No. 10th & Cedar St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE Wh. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1859

7. AGE — Years 84 — Months 6 — Days 22 — If LESS than day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Kentucky

FATHER
13. NAME S. S. Phelps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Hart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Known?

17. INFORMANT James Black (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Amitt DATE Nov. 1, 1943

19. FUNERAL DIRECTOR Neff & Son (ADDRESS) Rolla, Mo.

20. FILED 11/1, 1943 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1943.

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1943, to October 30, 1943
I last saw her alive on October 30, 1943. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Senility.	

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) [illegible] M.D.
(Address) Rolla, Missouri. Oct 30 1943

(Licensed Embalmer's Statement on Reverse Side)

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.

DEC 1 1942

STATEMENT BY LICENSED EMBALMER

I, S. C. Nyell, Licensed Embalmer No. 3397

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed S. C. Nyell

Licensed Embalmer No. 3397

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.)