

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

Do not use this space.

25383

AUG 22 1935

**1. PLACE OF DEATH**

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 133

**2. FULL NAME**

Freeman, Sarah  
(a) Residence, No. State Hospital No 3, Nevada, Mo Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. P. Freeman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>1</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1935  
22. I HEREBY CERTIFY, that I attended deceased from September 4, 1934, to July 12, 1935  
I last saw h<sup>e</sup>s. alive on July 12, 1935 Death is said to have occurred on the date stated above, at 9<sup>00</sup> a. m.

The principal cause of death and related causes of importance were as follows:

Acute Obliteration of heart Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Generalized Atherosclerosis  
Coronary disease

Name of operation none 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? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? home  
(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 no injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Ray W. Pearce, M. D.  
(Address) State Hospital No 3, Nevada Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticane County Mo.</u>
	13. NAME <u>Ephraim Scott</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Mary Longan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Stanley McElwee California 700-1</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>California Mo July 12 1935</u>
	19. UNDERTAKER (ADDRESS) <u>Richmond Nevada Mo</u>
	20. FILED <u>July 12 1935</u> <u>M. Eichinger</u> Registrar.

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.

Sturby  
Medicine  
Cherokee. 700.