

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

Do not use this space.

**APR 22 1937**

**1. PLACE OF DEATH**

County Moniteau  
Township Salisbury  
City Californian (No. ....)

Registration District No. 571  
Primary Registration District No. 4335

File No. 12681  
Registered No. 12  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Californian St. .... Ward. ....  
(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 male 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) Nov 15/1878

7. AGE YEARS 58 MONTHS 9 DAYS 14 If LESS than 1 day, .... hrs. or .... min.

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) Californian (STATE OR COUNTRY) Mo

13. NAME J. H. Sartan

14. BIRTHPLACE (CITY OR TOWN) Clinton, Mo (STATE OR COUNTRY)

15. MAIDEN NAME Lee Yancy

16. BIRTHPLACE (CITY OR TOWN) Clinton, Mo (STATE OR COUNTRY)

17. INFORMANT J. H. Sartan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Longview Hill DATE March 7 1937

19. UNDERTAKER J. W. Roberts & Son (ADDRESS) Californian

20. FILED 3-10 1937 A. R. P. P. P. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1936, to March 6 1937. I last saw him alive on March 6 1937. Death is said

to have occurred on the date stated above, at 9:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset

Other contributory causes of importance:

Name of operation none 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? No  
If so, specify

(Signed) V. R. P. P. P. M. D.  
(Address) Californian

