

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

Do not use this space.

23839

1. PLACE OF DEATH

County Cole Registration District No. 214
 Township Moreau Primary Registration District No. 4130
 City Russellville, (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Elizabeth Wilhite

(a) Residence, No. Russellville, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12th, 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) Centertown (STATE OR COUNTRY) Missouri

13. NAME Nathaniel Fletcher

14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) _____

15. MAIDEN NAME Margaret Fletcher

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT F. J. Wilhite (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown Cem. DATE July 26th, 1934

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 7/25 1934 W. M. Steffens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1933, to 7-28, 1934
 I last saw her alive on 9-27, 1933 Death is said to have occurred on the date stated above, at 8-30 P.M.

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

Cerebral Hemorrhage
Senility
Senility
 Other contributory causes of importance _____
 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? _____ 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) J. T. Doolin, M. D.
 (Address) Russellville, Mo.

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.

AUG 13 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

