

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

Do not use this space.

40502

1. PLACE OF DEATH  
County Cooper Registration District No. 221  
Township \_\_\_\_\_ Primary Registration District No. 4134  
City Otterville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Bell Dunham  
(a) Residence, No. \_\_\_\_\_ 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) Widow  
5A. IF ~~MARRIED~~ WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OR WIFE OF Joseph Dunham  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 25, 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 1 17  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) April 25, 1931 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME James Yarnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Sarah Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT John P. Dunham (ADDRESS) Otterville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg, Mo DATE 12-13-31 19.

19. UNDERTAKER Jewell E. Richards (ADDRESS) Clarksburg, Mo

20. FILED 1931 Robert Fogler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December, 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Dec 12 1931  
I last saw h. alive on Nov 12 1931 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Chronic valvular heart disease Date of onset 1926

92A 107A 92A

Other contributory causes of importance: Emphysema 2 days

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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) Robert Fogler, M. D.

(Address) Otterville, Mo

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.

