

FEB 15 1940

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

4113  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Vernon Registration District No. 878  
 (b) Township Dunwood Primary Registration District No. 615613 Registered No. \_\_\_\_\_  
 or City Neuada (d) Street No. Neuada, Mo. RFD # 3 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 22 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Belle Barwood  
 (a) Residence, No. Neuada, Mo. RFD # 3 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Garwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1856

7. AGE YEARS MONTHS DAYS 83 1 17 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Unknown  
Indiana

FATHER 13. NAME Elias Owsen 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME ? Bush 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. C. J. Garwood  
Neuada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sak Hill cemetery DATE Feb 2, 1940  
Butler, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Forest Funeral Home  
Neuada, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 28 1940 to Jan 31 1940  
 I last saw her alive on Jan 30 1940 Death is said to have occurred on the date stated above, at 9:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial Nephritic  
 Date of onset 12/1

Other contributory causes of importance: Age

Name of operation \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) C. L. Keithly M.D.  
 (Address) Neuada 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.

RECEIVED  
District Health Officer No. 7,  
2-40-223  
2-13-40  
Date filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or~~ by *Personal*

Registered Apprentice No. *0*

working under my personal supervision.

Signed

*Lloyd B. Winant*

Licensed Embalmer No. *3857*

P. O. Address *Quada, Mo*

The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com-  
plete above constitutes grounds for revocation of license.)

If body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

4113  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jerome Registration District No. 878B  
(b) Township Argus Primary Registration District No. 6128B  
(c) City St. Louis (d) Street No. 1 St. St. Louis  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Sarah Belle Raymond  
(a) Residence, No. 1 (Usual place of abode, if no street address, write county or city) St. St. Louis (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wid  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min. 83 1 17  
7. AGE  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)  
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
17. INFORMANT (ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
19. FUNERAL DIRECTOR (ADDRESS)  
20. FILED Mar. 16, 1930 Carroll T. Berry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1930  
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19.  
I last saw h. alive on 19, 1930. Death is said to have occurred on the date stated above, at m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset  
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 1930  
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 Local Registrar  
If so, specify C. T. Berry  
(Signed) Carroll T. Berry  
(Address) St. Louis

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS should state any name of importance to be carefully supplied.

