

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

Do not use this space.

17166

1. PLACE OF DEATH

89 County Ray
Township Orwich
5 City Orwich (No. _____)

Registration District No. 773
Primary Registration District No. 4445

File No. _____
Registered No. 18
St. _____ Ward _____

32. FULL NAME Sarah Ellen Overman

(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 HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/25/1853
7. AGE YEARS 78 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

FATHER 13. NAME John Gross

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Tirzah Smith

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North South Carolina

17. INFORMANT Sarah Overman (ADDRESS) Orwich Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riffe Cem DATE 5/15 1932

19. UNDERTAKER W. V. Gibson (ADDRESS) Orwich Mo.

20. FILED May 20 1932 L. E. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1931, to May 16 1932

I last saw her alive on May 14 1932 Death is said to have occurred on the date stated above, at 5:19 P. m.

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

Carcinoma of uterus Date of onset 1930
Other contributory causes of importance: None

Name of operation Radium & X-Ray Date of _____

What test confirmed diagnosis? ✓ 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) Robt. Shurtz M. D.
(Address) Orwich 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.

JUN 24 1932

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