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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7001

Registration District No. 316 | Primary Registration District No. 3059 | Registrar's No. 310

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. **PLACE OF DEATH:**
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 160 Middle 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 160 Middle 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ( )

3. (a) PRINT FULL NAME SARAH BOBBETT
3. (b) If veteran, name war V
3. (c) Social Security No. V

4. Sex F | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sidney Bobbett
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 16 (Day) 1854 (Year)

8. AGE: Years 90 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
12. Name John Rowan
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Nancy Cash
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Glenn
(b) Address Esther, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation B.J. Cemetery
18. (a) Signature of funeral director Benham Hall Co
(b) Address 313 Bonne Terre Mo
19. (a) 2-20-45 (Date received local registrar) Forrest Coleman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 4th
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15— 1945 to Feb 4— 1945
that I last saw h[illegible] alive on Feb 3 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	unknown
Due to Unknown	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature S.T. Evans (M. D. or other)
Address Bonne Terre Mo Date signed 2-27-45

1373

(Licensed Embalmer's Statement on Reverse Side)

FILED

...t Health Officer No. 4

District File Number 345-381

Date Filed 3-9-45

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 ——, ——, Registered Apprentice No. ——, working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Donna Texas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.