MAY 28 1930

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

Do not use this space.

C 15166

1. PLACE OF DEATH
County Washington — Registration District No. 889
Township Richwoods — Primary Registration District No. 0185
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Sarah Highley

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mat Highley.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19 - 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	3.	14.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) St. Francois Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Gabriel Lomason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Francis Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah L. Arden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Francis Co

14. INFORMANT Chas. Shazelle
(Address) Caledonia, Mo. Box

15. FILED April 29, 1930 O. W. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1926 to April 14, 1930 that I last saw her alive on April 3, 1930, and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia.

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822 (duration) 6 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis. (duration) 3 yrs. 4 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jos. L. Sherman, M. D.
4/14, 1930 (Address) Potosi, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
Easton, Mo.	
20. UNDERTAKER Boyer & Son	ADDRESS Potosi

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.

THIS IS A PERMANENT RECORD