

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

Do not use this space.

32963

1. PLACE OF DEATH

68 County Monroe Registration District No. 1095
 2 Township Monroe Primary Registration District No. 4336
 1 City Clarksburg (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah C. Atkinson
 (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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 31 - 1848</u>		
7. AGE	YEARS	MONTHS
<u>84</u>	<u>1</u>	<u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ohio 2
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>John M. Miller</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>32</u> (STATE OR COUNTRY) <u>On Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Christina Goss</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Pine</u> 2 (STATE OR COUNTRY)	

14. INFORMANT Mrs. Stella Miller
 (Address) Clarksburg MO

15. FILED 11-4-32 J. C. Martin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-4-1932
 17. I HEREBY CERTIFY, That I attended deceased from 9-25
1932 to 10-4-1932 and that I last saw her alive on 10-4-1932 and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 820
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. 1

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? P. C. Jarvis, M. D.
 (Signed) 10-11-1932 (Address) Clarksburg, 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 Masonic Cem
 DATE OF BURIAL 10/6 1932

20. UNDERTAKER Hullhaus & Friedmeyer California
 ADDRESS 310

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.

NOV 25 1932

