

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

Do not use this space.

38131

File No. _____
Registered No. 72
St. _____ Ward)

1. PLACE OF DEATH
County Lafayette
Township _____
City _____ (No. _____)

Registration District No. 266
Primary Registration District No. 2623-B

2. FULL NAME Sarah C Popkins
(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 Wm A Popkins
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3, 1842
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 9 8
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cheletown Va
(STATE OR COUNTRY)
10. NAME OF FATHER Geo. B. Chamberlain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va USA
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Brundell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London England
(STATE OR COUNTRY)

14. INFORMANT Wm A Popkins
(Address) No 144 1/2 E. 1st St. Mo
15. FILED 11-10-1931 Russell Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1931
17. I HEREBY CERTIFY, That I attended deceased from May 25 1931 to Nov 11 1931 that I last saw her alive on Nov 10 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy
85
Several (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Profound Coma
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. H. Bowline, M. D.

11-11-1931 (Address) Higginsville
*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 Emberstone Home DATE OF BURIAL 11/10 1931
20. UNDERTAKER Asst Warden Higginsville, Mo ADDRESS

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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