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

Do not use this space.

38458

File No. .....

Registered No. 23

1. PLACE OF DEATH
County: Nodaway
Township: Grant
City: ..... (No. ..... St. ..... Ward)
Registration District No. 617
Primary Registration District No. 5819

2. FULL NAME: Sarah Elizabeth Robison Conlin

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Francis M Conlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Febr. 18, 1850

7. AGE: Years 81 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

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): near Washington
(STATE OR COUNTRY): Clark Co., Indiana

PARENTS

10. NAME OF FATHER: James Robison
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Clark Co., Indiana
12. MAIDEN NAME OF MOTHER: Rachel Garrett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Clark Co., Indiana

14. INFORMANT: Francis M Conlin
(Address): Barnard, Mo.

15. FILED 11/21, 1931 Chas D Humbird Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1931 to Nov. 21, 1931 that I last saw h. alive on Nov. 21, 1931, and that death occurred, on the date stated above, at 9.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82 h
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Chas D Humbird Jr, M. D
11/21, 1931 (Address) Barnard, 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: Barnard, Mo.
DATE OF BURIAL: 11/23, 1931

20. UNDERTAKER: W Dean Campbell
ADDRESS: Barnard Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT

193