

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 26 1933

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

Do not use this space.

12284

1. PLACE OF DEATH

County Barny  
Township M = Donald  
City (No. ....) (No. ....)

Registration District No. 31  
Primary Registration District No. 5045A

File No. ....  
Registered No. 9  
St. .... Ward)

2. FULL NAME

Sarah Ellen Terry

(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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Millard Terry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22, 1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>11</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, .... hrs. or .... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER FATHER

13. NAME Wm. Morlan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT M. J. Terry  
(ADDRESS) Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wmhart DATE 4-17 1933

19. UNDERTAKER Blansienhip  
(ADDRESS) Purdy

20. FILED 19 Matie Blansienhip  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to Apr 15 1933  
I last saw him alive on Apr 8 1933 Death is said to have occurred on the date stated above, at 12:30 P.  
The principal cause of death and related causes of importance were as follows:  
Paralysis Agitans (Date of onset 7-7-32)  
Old Age

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) R. B. Stone M.D.  
(Address) Purdy, Mo.

