

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

Do not use this space.

**MAY 15 1935**

**9654**

**1. PLACE OF DEATH**

County Boelede

Registration District No. 952

Township Franklin

Primary Registration District No. 5-617

City..... (No.....)

St. .... Ward)

**2. FULL NAME**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Atkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1867

7. AGE YEARS 67 MONTHS 9 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Kentucky

13. NAME Jannis Marcus

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

15. MAIDEN NAME Nancy Braun

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

17. INFORMANT William Webb (ADDRESS) Cambridge, Mo

18. BURIAL, CREMATION, OR REMOVAL Interred Cemetery Mar 30 1935

19. UNDERTAKER H. G. ... (ADDRESS) ...

20. FILED Apr. 15 1935 Mrs. Vida Lambeth

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1935 to 3-29, 1935

I last saw him alive on 3-28, 1935. Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

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) J. W. ..., M. D.

(Address) ...

