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.

DEC 5 1936

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

Do not use this space.

1. PLACE OF DEATH
County Linn
Township
City Marceline (No. , St. Ward)
Registration District No. 502
Primary Registration District No. 4305
File No. 38274
Registered No. 34

2. FULL NAME Sarilda Catherine Lake
(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 30 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Lake
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1857
7. AGE YEARS 79 MONTHS 7 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) near Centerville Iowa

FATHER
13. NAME Simpson Cupp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) John Lake Marceline Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanley Cuse DATE Oct. 4 1936
19. UNDERTAKER (ADDRESS) Jas M Laughlin Marceline Mo
20. FILED 10/9 1936 Olive Barnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to Oct 1, 1936
I last saw her alive on Oct 1, 1936. Death is said to have occurred on the date stated above, at 3:47 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Degenerative Myocarditis	(?)
Lateral Auricular fibrillation	9/30/36
Other contributory causes of importance:	
Acute Diarrhea (Cause unknown)	9/27/36

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? no

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? no
If so, specify
(Signed) M. L. Diekraeger, M. D.
(Address) Marceline Mo