

JAN 23 1937

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

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45877

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1. PLACE OF DEATH

County Balls Blount
Township Balt River
City Perry

Registration District No. 727
Primary Registration District No. 695-9

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Ann Myhrant
(a) Residence, No. Perry St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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>widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin Myhrant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12, 1854</u>		
7. AGE <u>82</u>	YEARS <u>1</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unemployed</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perry
(STATE OR COUNTRY) Missouri

13. NAME Robert Calhoun

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

15. MAIDEN NAME Susan O'Brien

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

17. INFORMANT Mrs Wesley Dodge
(ADDRESS) Perry Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Paul Mo DATE Dec. 30, 1936

19. UNDERTAKER Clyde E. Wilkey
(ADDRESS) Perry Missouri

20. FILED 12/29 1936 Geo C Ross
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936 to Dec 29, 1936

I last saw her alive on Dec 26, 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 12-19-36

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) John Ross, M. D.
(Address) Perry Mo

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