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

Do not use this space.

37137

1. PLACE OF DEATH

County *Worth*

Registration District No. *904*

File No. ....

Township *Union*

Primary Registration District No. *4546*

Registered No. ....

City *Sheridan Mo.* (No. .... , St. .... Ward)

2. FULL NAME *Sarah E. Robison*

(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 foreign birth?   yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX *F*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James L. Robison*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 20, 1854*

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
84	8	20	

OCCUPATION

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) *Sept. 1938*

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marshall E. Iowa*

FATHER

13. NAME *W. M. Batson*

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

MOTHER

15. MAIDEN NAME *Catherine Powers*

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

17. INFORMANT (ADDRESS) *Pearl Robison Sheridan Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Parnell Mo.* DATE *Oct 10 1938*

19. UNDERTAKER (ADDRESS) *Long & Boyd, Sheridan Mo.*

20. FILED *Oct 10 1938* *Mrs. O. H. Bond* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 9, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 11, 1938* to *Oct 9, 1938*

I last saw her alive on *Oct 9, 1938*. Death is said to have occurred on the date stated above, at *11-30 a.* m.

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

cerebral hemorrhage

angina pectoris

Date of onset ....

Other contributory causes of importance: *age 84*

Name of operation .... Date of ....

What test confirmed diagnosis? *inspection* 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? *No*

If so, specify ....

(Signed) *H. L. Long* , M. D.

(Address) *Sheridan, Mo.*