

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

Do not use this space.

1923

**1. PLACE OF DEATH**

County Miller Registration District No. 561  
Township Saline Primary Registration District No. 4330  
City Saline (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah A Milburn

(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 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 James A Milburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22, 1849.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	2	20	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Monticau Co  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Washington Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Phelan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

14. INFORMANT Mrs Jas. Scott  
(Address) Eldon, Mo

15. FILED 1-28, 1930 Belle Haynes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1930, to Jan 12 1930, that I last saw him alive on Jan 12 1930, and that death occurred, on the date stated above, at 6:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
10 P  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

CONTRIBUTORY (SECONDARY) 101A  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) W. Callie, M. D.  
, 19 (Address) Eldon Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebanon Cem. Monticau Co. DATE OF BURIAL Jan 14 1930

20. UNDERTAKER W A Phillips ADDRESS Eldon

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.

APR 28 1930

