

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

41120

1 PLACE OF DEATH

County Jackson
Township Kaw
or
Village
or
City Kansas City, Mo.

Registration District No. 300
Primary Registration District No. 4035 Tracy

File No. 2120
Registered No. 2120

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Serepta Gasser

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) SM.

6 DATE OF BIRTH Oct 16 1887
(Month) (Day) (Year)

7 AGE 64 yrs. 2 mos. 1 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Ohio

PARENTS
10 NAME OF FATHER M. Spangler
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
12 MAIDEN NAME OF MOTHER UNKNOWN
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) UNKNOWN

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. F. P. D'Neal
(Address) 4035 Tracy

15 Filed DEC 13 1916 1916 J. P. Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 8, 1916 to Dec 17, 1916.
that I last saw her alive on Dec 17, 1916.
and that death occurred, on the date stated above, at 7 A.

The CAUSE OF DEATH* was as follows:
Pneumonia (lobar)
(Duration) 10 yrs. 10 mos. 10 ds.

CONTRIBUTORY (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. E. McQueen M. D.
12-15, 1916 (Address) 635 1/2

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Mt St Marys DATE OF BURIAL Dec 19 1916

20 UNDERTAKER Mrs. C. L. Foster ADDRESS 718 Brooklyn

