

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

Do not use this space.

21487

1. PLACE OF BIRTH

County Jackson  
Township Haw  
City Kansas City (No. 7219)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2335  
Registered No. 2335  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah E. M. Blackie  
(a) Residence. No. 7219 Jefferson St., 8 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 12 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archibald M. Castiel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6 - 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 10 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andersonville  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Brig. Nelson

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

12. MAIDEN NAME OF MOTHER Luanda Power

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

14. INFORMANT Mrs. E. J. Hinkel  
(Address) 7219 Jefferson

15. FILED 1/18, 1927 M. M. Crowe  
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1927

17. I HEREBY CERTIFY That I attended deceased from July 16, 1927, to July 16, 1927 that I last saw her alive on July 17, 1927, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer Bowel.  
460  
126  
152 1/5 (duration) 1 yrs. - mos. - ds.  
CONTRIBUTORY Gall stones  
(SECONDARY) Senility (duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Jandies. Tumor.  
(Signed) E. A. Albers, M. D.

7/18, 1927 (Address) 638 Lathrop - Kansas City  
\*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 Warrensburg Mo DATE OF BURIAL 7-19 1927

20. UNDERTAKER R. Leuders & Sons ADDRESS City

1877  
1878  
1879  
1880  
1881  
1882  
1883  
1884  
1885  
1886  
1887  
1888  
1889  
1890  
1891  
1892  
1893  
1894  
1895  
1896  
1897  
1898  
1899  
1900

1877

1878

1879

1880

1881

1882

1883