

OCT 2 1927

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County Knox
 Township Salt River
 or
 Village
 or
 City

SOUTH DAKOTA
 STATE BOARD OF HEALTH
 Division of Vital Statistics
 CERTIFICATE OF DEATH

27636

446

5606

Reg. District No. No. in Registration Book
 (Above numbers to be filled in only by local registrar or his deputy.)

City Sioux Falls No. 446 Mo. 27 St. X Ward X
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Sarah Boring

(2) 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. 85 mos. 11 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 Status Married, Widowed or Divorced (WRITE the word) Widowed

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Oct 14-1843

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 83 Months 11 Days 07 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country) Brown County, Ohio

10 NAME OF FATHER John Dollen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Cleary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester

14 Informant Mollie Boring (Address) Sioux Falls

15 Filed 9/15 19. 27 Local Reg. X Clerk of Court

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 14 1927
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
 19... to 19...
 that I last saw him alive on 19...
 and that death occurred on the date stated above, at
4:00 P.m.

The CAUSE OF DEATH* was as follows:
Unknown, Chronic Disease followed by Bronchitis

106 duration ... days

CONTRIBUTORY (Secondary)

18 Where was disease contracted

8 If not at place of death

Did an operation precede death? X Date of

Was there an autopsy? X

What test confirmed diagnosis? Histology

(Signed) W. L. Kunkath, M.D.

(Address) Noblet, Mo.

*State the Disease Causing Death, or in deaths from Violent ... (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Willson Town Date of Burial Sept 16 1927

20 UNDERTAKER J. W. Anderson ADDRESS Edgingmo

