

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

Do not use this space.

30332

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3033
Township Kaw Primary Registration District No. 1002 Registered No. 3033
City Kansas City (No. Kansas City General Hosp.) St. Mo. Ward

2. FULL NAME

Cottle Sarah
(a) Residence. No. 800 Olive St., 9 Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OR (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 | 7 | 19 |
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)

(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER

Ben S. Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER

Wickerson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

14.

INFORMANT
(Address)

Rebecca Cox
R.C. General Hosp.

15.

FILED

10/11 27 10. 27 10. 27 10. 27
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-10 1927

17. I HEREBY CERTIFY That I attended deceased from 8-8 1927 to 10-10 1927 that I last saw him alive on 10-10 1927, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subar Pneumonia
108
162-1010 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Smoking
(duration) yrs. mos. da.

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? Clin. Findings

(Signed) George E. Lee, M. D.

10-10 1927 (Address) General Hosp. N.E. 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

DATE OF BURIAL

Int Wash 10-12 1927

20. UNDERTAKER

ADDRESS

ms. L. Overster 914
Brooklyn

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.

PERMANENT RECORD

1950
1951
1952
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