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

Do not use this space.

17079

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No. [illegible]

Township KAW — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 307 Bellview St. Ward)

2. FULL NAME Sarah J. Sissom

(a) Residence. No. 4335 Bellview St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Sissom

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 29 1863

7. AGE: 64 Years — Months: 7 — Days: 6 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Smith Mc Cord Townsend

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

PARENTS

10. NAME OF FATHER: Joseph Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Albert L Sissom
(Address) 4335 Bellview

15. FILED 5-7, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 5 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Dilatation of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12-9W

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) [illegible] M. D

May 5, 1928 (Address) Deputy Coroner

*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: Elmwood — DATE OF BURIAL: 5-7 1928

20. UNDERTAKER: R. V. Lindsay & Sons — ADDRESS: City.