AUG 2 1928

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

Do not use this space.

23103

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 916

City St. Joseph (No. ..... St. ..... Ward)

2. FULL NAME Virginia Alice Sayre

(a) Residence. No. 6220 Washington St. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James R. Sayre

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 6 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	1	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

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

PARENTS

10. NAME OF FATHER: Richard M. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Margaret Basket

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

14. INFORMANT: Mrs. P. L. Bowersox
(Address): St. Joseph, Mo.

AUG 2 1928

FILED 2 1928 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1928, to July 31, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 9:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Stomach 50

46B probably

[illegible] (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of the breast about 6

(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? Clinical

(Signed) William A Robertson, M. D

Aug 1, 1928 (Address) St. Joseph 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: Memorial Park Cem.

DATE OF BURIAL: Aug. 2, 1928

20. UNDERTAKER: Fred D. Clark

ADDRESS: 5025 King Hill ave

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.