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.

33534

File No. 33534

Registered No. 4073

1. PLACE OF DEATH

County Jackson — Registration District No. .....

Township Kaw — Primary Registration District No. .....

City K.C. Mo. (No. 1315 - E. 78th St. ..... St. ..... Ward)

2. FULL NAME Sarah Ann Hardy

(a) Residence. No. 1315 - E - 78th St., 15 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: Fe

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: G. W. Hardy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct - 9 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	11	27	

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) ..... (STATE OR COUNTRY): England

PARENTS

10. NAME OF FATHER: Wm Atkison

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

12. MAIDEN NAME OF MOTHER: No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): No Record

14. INFORMANT: G. M. Hardy
(Address): Indp. Kansas

15. FILED 10/7, 1928 M. M. Crowe, Assr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 6, 1928, that I last saw her alive on Oct 6, 1928, and that death occurred, on the date stated above, at 7:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

71 A

16 N

Pernicious Anemia

..... (duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

580

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. P. Monahan, M. D.

10/7, 1928 (Address) 300 Argyle KC 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: Hutchison, Ks. — DATE OF BURIAL: Oct. 7 - 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.