

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.

36835

Hy 0890

1. PLACE OF DEATH
 County Jackson Registration District No.
 Township Kaw Primary Registration District No.
 City Kansas City (No. 3010 Campbell St. Ward) (If nonresident give city or town and State)
 2. FULL NAME Sarah Jane Dale
 (a) Residence No. 3010 Campbell St. 3 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 4782
4782

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. Unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 | 9 | unk

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) 100 E 12th
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ripley Ohio

10. NAME OF FATHER Charles P. ...
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Dudley Dale
 (Address) 3010 Campbell

15. FILED 10 19 28 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov-1928 to Nov-5-1928, 19 28 that I last saw h. or alive on Nov 5 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
a chronic lobar
of hyper-static pneumonia
lobar
 (duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (SECONDARY) mal nutrition
 (duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED 1010
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chemical symptoms
 (Signed) Swentworth, M. D.
 (Address) 814 Med. and Phy.

*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 Ottawa, Kans DATE OF BURIAL Nov 7 1928

20. UNDERTAKER L. H. Newcomer ADDRESS 200 K. C. Mo

814 Mod. un 0200g.

N.P. 0890.

1:30 - 4:30