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

Do not use this space.

36931

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 4580

Township: Kaw — Primary Registration District No.: 1002 — Registered No.:

City: Kansas City (No. 3511 Jefferson St. Ward)

2. FULL NAME Sarah Hardacre

(a) Residence. No. 3511 Jefferson St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Hardacre

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 12 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	85	1		

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: James Sunderland

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

12. MAIDEN NAME OF MOTHER: Mary Pierce

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

14. INFORMANT: J. W. Hardacre
(Address) 3511 Jefferson

15. FILED 11/13 28 M. M. Crouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 12 19 28

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to Nov. 12, 1928, that I last saw he alive on Nov. 12, 1928, and that death occurred, on the date stated above, at 3.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
5 / 59
(duration) / yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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? Usual tests
(Signed) Ward H. Lamard, M.D.
11/13, 1928 (Address) 3232 Summit

*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
Mt. Moriah	Nov. 14 19 28
20. UNDERTAKER	**ADDRESS**
H. W. Gates	K.C.K.

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.

ANNUAL PAYMENT WITH ORDERING INKLETTS IS A PERMANENT RECORD