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

Do not use this space.

37108

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4758

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

City Kansas City Mo. (No. 3145 Central St. Ward)

2. FULL NAME Sarah A. Rea

(a) Residence. No. 3145 Central 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 9 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 Joseph Rea.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1843.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	85	3	27.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fleming Co. (STATE OR COUNTRY) Kentucky.

PARENTS

10. NAME OF FATHER Henry Muse.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fleming Co. (STATE OR COUNTRY) Kentucky.

12. MAIDEN NAME OF MOTHER Mahala Elliott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fleming Co. (STATE OR COUNTRY) Kentucky.

14. INFORMANT Mrs Ida Rector. (Address) Savannah, Mo.

15. FILED 11/26, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25. 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1928, to Nov. 25, 1928 that I last saw her alive on Nov. 24, 1928, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Interstitial

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Laridiac asthma

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. D. Hungman, M. D

Nov. 26 1928 (Address) 1812 Fed Res Bk Bldg

*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
Savannah Mo.	Nov 27 1928
20. UNDERTAKER	ADDRESS
Mrs C. L. Forster	KC Mo

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

18th [illegible]

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