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

Do not use this space.

File No. 40666

Registered No. 0041

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH
County: Jackson
Township: Twp
City: K. C. Mo (No. 318 Wyman ave St., Ward)

2. FULL NAME: Sarah Rennison
(a) Residence. No. 318 Wyman ave St., 9 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: Fe
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: William D. Rennison

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 14-1848

7. AGE: Years 80 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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): London
(STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: William Woodhouse
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Mordlet Rose
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): England

14. INFORMANT: H. Rennison
(Address): 492 No Montgall

15. FILED: 12/11, 1928 M. M. Conroy Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Dec 10, 1928, that I last saw h. alive on Dec 10, 1928, and that death occurred, on the date stated above, at 7 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
M D
00"
71
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Arterial Sclerosis
(duration) years 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) Chas H. McPhetridge, M. D
12/11, 1928 (Address) 527 Ridge Bldg 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: Sedalia Mo.
DATE OF BURIAL: Dec 11 1928

20. UNDERTAKER: Rose & Henderson
ADDRESS: Kansas City 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.

WRITE PLAINLY, WITH INK, PRESS HARD, AND DO NOT ERASE OR MAKE ANY CHANGES IN THIS RECORD

Jackson - 3498
5 2 4 Ridge Blvd
[illegible]