MAR 21 1929

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

Do not use this space.

5852

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 5277 a
File No. .....
Registered No. 16

2. FULL NAME Sarah Ann Washburn
(a) Residence. No. Cresent Lake St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H A Nelson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11, 1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	4	3	

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

235

9. BIRTHPLACE (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Penn

2

PARENTS

10. NAME OF FATHER Un Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Un Known
12. MAIDEN NAME OF MOTHER Munnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn

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2

14. INFORMANT Mrs A S McLeary
(Address) Excelsior Spgs Mo

15. FILED 2/14 1929 Y. D. Craven
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1929

17. I HEREBY CERTIFY, That I attended deceased from FEB 10th, 1929, to FEB 13th, 1929, that I last saw h. EM alive on FEB 13th, 1929, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infirmaties of old age and Broncho-Pneumonia
107A
113
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 100 A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No —
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) W. T. Greason, M. D
, 19 (Address) Excelsior Springs

*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 Mercer Penn
DATE OF BURIAL Feb 17 1929

20. UNDERTAKER John C Prather
ADDRESS Ex Spgs

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.