

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

Do not use this space.

30951

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. 49th & Brookside)

Registration District No. 399
 Primary Registration District No. 1002

File No. _____
 Registered No. 3976 St. _____ Ward _____

2. FULL NAME Sarah A. Clarke

(a) Residence. No. 100 E. 49th St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 27 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 James Clarke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	11	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Dr. Thos. Winn

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Pa.

10. NAME OF FATHER Edw. Shepherd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pa.

12. MAIDEN NAME OF MOTHER Mary Kerswall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. Harriette Nellsworth (Address) 11221 E. 19th Langford

15. FILED 9/23, 1929 M. M. Croche REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20 1929

17. Deputy Coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 8: P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Automobile
Trauma T.C.

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 History & Impulse
Stewart M. Hall (Signed) _____, M. D.

9/20, 1929 (Address) Deputy Coroner

*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 Clearwood Forest Hill DATE OF BURIAL Sept. 22 1929

20. UNDERTAKER St. Newcomer's ADDRESS South 6 Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

