MAR 25 1930

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

Do not use this space.

File No. 4108

Registered No. 172

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph, (No. ; St. Ward)

Registration District No. 85

Primary Registration District No. 1001

2. FULL NAME Sarah L McCartney

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

Length of residence in city or town where death occurred yrs. mos. 3 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B U McCartney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March. 14. 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	10	24	

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

1270
129
13

9. BIRTHPLACE (CITY OR TOWN) Council Bluffs,
(STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER John B Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary Becknell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

14. INFORMANT Joseph Hughes
(Address) Effingham, Kansas

15. FILED FEB 10 1930 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February. 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1929 to Feb. 8, 1930 that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 6/05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Suppression of Urine and Shock following Operation for Chronic Cholecystitis & Peritoneal Adhesions (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Cholecystitis (duration) Several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Atchison Kansas
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb. 6. 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical Symptoms
(Signed) Carl Porter, M. D.
Febr. 8 1930 (Address) 931 Faraon St. Joseph 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 Mount Vernon Cemetery Atchison Kansas — DATE OF BURIAL Febr. 10 1930

20. UNDERTAKER H. O. Siderfaden — ADDRESS 1802 Union Str

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.