APR 30 1930

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson — Registration District No. 398 — File No. 8582
Township: Blue — Primary Registration District No. 5554 — Registered No. 81
City: Independence (No. ..... St. ..... Ward)

2. FULL NAME Sarah Mable Congdon
(a) Residence. No. 25 th + Scott St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 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	W.	M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm B. Congdon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 19-1878.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	11	24	

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): At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) South Rawdon
(STATE OR COUNTRY) Nova Scotia

PARENTS
10. NAME OF FATHER Alfred Wood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) South Rawdon
(STATE OR COUNTRY) Nova Scotia
12. MAIDEN NAME OF MOTHER Harriet N Hamilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) So Rawdon
(STATE OR COUNTRY) Nova Scotia

14. INFORMANT Mrs Margaret Miller
(Address) Buckbridge Mo

15. FILED 3-14-1930 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch-13-1930

17. I HEREBY CERTIFY, That I attended deceased from 11/30/29, 19..., to 3/13/30, 19..., that I last saw her alive on 3/9/30, 19..., and that death occurred, on the date stated above, at 8 45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Colon Cancer
5B Cut R Pl
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Org. Disease of Heart
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. E. Kingsley, M. D.
3-14, 1930 (Address) Independence, 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	DATE OF BURIAL
Mound Grove Cem	3-15 1930
20. UNDERTAKER	**ADDRESS**
C D Carson + Son	Indep. 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.

THIS IS A PERMANENT RECORD

Home

Brigman
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