

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

1567

1. PLACE OF DEATH

County Jackson Registration District No. 388
 Township Kear Primary Registration District No. 724
 City Kansas City (No. Mercy Hospital) St. _____ Ward _____

File No. _____
 Registered No. 300
 St. _____ Ward _____

2. FULL NAME SARAH Ann LANG

(a) Residence. No. 730 Seminary St. _____ Ward 11 P. K.
 (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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-3-1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	
				hrs.	min.
	<u>1</u>	<u>-</u>	<u>24</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Frank Desiglavay

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

12. MAIDEN NAME OF MOTHER Maria Ethel Stalling

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

14. INFORMANT Frank L. Lang
 (Address) 730 Seminary K.C. Mo.

15. FILED 1-27-31 M. M. Grover
 REGISTRAR user

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1931, to 1-27, 1931, that I last saw her alive on 1-26-, 1931, and that death occurred, on the date stated above, at 6:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
107A
89A
 (duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Bilateral Otitis Media
 (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED 107A
 IF NOT AT PLACE OF DEATH at home

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physicochemical
 (Signed) Sidney Patrick, M.D.
 1/27, 1931 (Address) Mercy Hospital

*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 Woodlawn K.C. Mo. **DATE OF BURIAL** Jan 28, 1931

20. UNDERTAKER Mrs. C. L. Foster **ADDRESS** K.C. 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.

