

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

Do not use this space.

9821

**1. PLACE OF DEATH**

County Jackson Registration District No. 333  
Township Kaw Primary Registration District No. 002  
City Kansas City (No. 5500 Ward Parkway) St. Ward

File No. 11374  
Registered No. 11374

**2. FULL NAME** Sarah Elizabeth Milhon

(a) Residence. No. 5500 Ward Parkway St. 8 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 5, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	4	29	

**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

9. BIRTHPLACE (CITY OR TOWN) Winchester  
(STATE OR COUNTRY) Virginia 2

10. NAME OF FATHER Henry Wisecarver

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

12. MAIDEN NAME OF MOTHER Rachel Richard

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

14. INFORMANT Mrs M. B. Nelson  
(Address) 5500 Ward Parkway

15. FILED 3/6/31 M. M. Crowe  
asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from several  
years 19... to ... 19...  
that I last saw him alive on week 7, 1931, and that death occurred, on the date stated above, at 2:30 P.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

acute Broncho-pneumonia  
40 yr  
20 yr  
70 days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis -  
mitral insufficiency - cardiac dilatation  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home central hemorrhage

IF NOT AT PLACE OF DEATH X

DID AN OPERATION PRECEDE DEATH? no DATE OF 1

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) J. J. Meotti, M. D.

31 1931 (Address) 1203 Waldheim Bldg.

\*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

In Mt Mariah Mausoleum 3-6 1931

20. UNDERTAKER ADDRESS 3235

Stearns & McOwen Gilham Plaza

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.

[Faint, illegible text or markings]