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

Do not use this space.

13071

File No. 95

Registered No.

1. PLACE OF DEATH
County Andrew
Township
City Savannah (No. , St. Ward)

Registration District No. 13
Primary Registration District No. 4010

2. FULL NAME Sarah ann Kemery

(a) Residence, No. St. Ward.
(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.

MAY 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

FATHER
13. NAME James Slater
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Mary Russell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunfermline

17. INFORMANT Joseph Kemery
(ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 4-4-31

19. UNDERTAKER C. C. Pratt
(ADDRESS) Savannah Mo

20. FILED Apr 4 1931 G. C. Yeppera M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to April 2nd, 1931
I last saw him alive on April 2nd, 1931. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	1920

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ralph P Mellig, M. D.
(Address) Savannah 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.