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.

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

Do not use this space.

14453

1. PLACE OF DEATH
County Jackson — Registration District No. 392 — File No. 14453
Township Kaw — Primary Registration District No. 1002 — Registered No. 1373
City Kansas City (No. 1738 Broadway St. Ward)

2. FULL NAME Mrs. Sarah Jane Ballard
(a) Residence. No. 1738 Broadway St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 B. Ballard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 24, 1861

7. AGE: Years 69 — Months 8 — Days 4. — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Tenn. 2

PARENTS
10. NAME OF FATHER: J. Timmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Bryon Ballard
(Address) 409 West 16th St.

15. FILED 4/31, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 28, 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 23rd, 1931, to April 28th, 1931 that I last saw her alive on April 28, 1931, and that death occurred, on the date stated above, at 9:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic Poison
131
132B
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Interstitial Nephritis
History only (duration) yrs. 4 or 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) O. V. Duncan, M. D.
4/29, 1931 (Address) 20 W 12th K.C. 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: ~~R.V. Lindsey & Sons, Inc.~~ Forest Hill Cemetery — DATE OF BURIAL: 4-30-31 19

20. UNDERTAKER: R.V. Lindsey & Sons, Inc. — ADDRESS: K.C.Mo.

Dr. Hyman
220 N/2