

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

Do not use this space.

37670

**1. PLACE OF DEATH**

County Jackson Registration District No. 13 File No. 4536  
 Township Kan Primary Registration District No. 22 Registered No. 4536  
 City Kansas City No. 72 General Hospital St. Ward

**2. FULL NAME**

Sarah Annley  
 (a) Residence. No. 1004 E 74th St. Ward  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yr. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. [unclear]</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 6/1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (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) Illinois

PARENTS	10. NAME OF FATHER <u>James Querley</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Connett</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>

14. INFORMANT Reward Clerk  
 (Address) K.C. Gen. Hosp. W.C. Dow

15. FILED 11/12/31 M.M. Kerove  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9 1931

17. I HEREBY CERTIFY That I attended deceased from 10-9, 1931, to 11-9, 1931 that I last saw her alive on 11-9, 1931, and that death occurred, on the date stated above, at 4:20 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Rectum  
11-10 10-11  
 (duration) yr. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia  
 (duration) yr. 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? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) P. B. Wilkerson, M. D.  
1-9, 1931 (Address) Subt. K.C. Gen. Hosp. 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 <u>St. Joseph Im. Ch. K.C.</u>	DATE OF BURIAL <u>11/13 1931</u>
20. UNDERTAKER <u>P.B. Lakertina</u>	ADDRESS <u>W. 11</u>

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.

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