

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.

FEB 23 1932

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

85

175

1. PLACE OF DEATH
 11 County Duchman Registration District No. _____
 5 Township St Joseph Mo Primary Registration District No. 1005/42
 9 City St Joseph Mo (No. 4) State Mo (Ward) _____
 2. FULL NAME Sarah Blewins
 (a) Residence. No. 4817 E 7th St. Kansas City Mo Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 8 mos. 20 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. Blewins
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1864(?) (?) Unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 12 21
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT Beards State Hosp #2 (Address) St Joseph - Mo

15. FILED 1-4-32 John D. Bender REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1932
 17. I HEREBY CERTIFY, That I attended deceased from July 1st 1932 to Jan 4 1932 that I last saw him alive on Jan 3 1932, and that death occurred, on the date stated above, at Jan 4 1932, 3:30 am
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

930
Chronic Nephrosiditis
112 Over (duration) yrs. 8 mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Acute Aethma (duration) yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED 930
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Clayton Smith M. D.
1/4/32 (Address) State Hosp #2 St Joseph Mo
 *State the DISEASE CAUSING DEATH, or 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 Kansas City, Mo DATE OF BURIAL Jan 6 1932

20. UNDERTAKER Heaton, Belgol, Bourman ADDRESS 319 S. 10th
Funeral Home

