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

Do not use this space.
4602

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 452

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 2900 Mercier St. Ward)

2. FULL NAME Sarah F. Sherwood

(a) Residence. No. 2900 Mercier St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. J. W. Sherwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	77	8	28	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

PARENTS

10. NAME OF FATHER William Bradds

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

12. MAIDEN NAME OF MOTHER Elizabeth Hostetter

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

14. INFORMANT Mr. A. J. Bradds
(Address) 2900 Mercier - K.C.Mo.

15. FILED 2/4, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1st- 1932.

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 1, 1932 that I last saw her alive on Jan 30, 1932, and that death occurred, on the date stated above, at 2:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis agitans
87B
162
(duration) 3-4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) [illegible], M. D.
2/2, 1932 (Address) 2855 Tower Blvd Kansas

*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
Woodlawn - K.C.K.	Feb. 6 1932
20. UNDERTAKER	**ADDRESS**
Gates Funeral Home	K.C.Kans.

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] Va. 11758