

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

Do not use this space.

4877

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1191 E. 65th St.)

Registration District No. 109
Primary Registration District No. 1002

File No. 740
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Sarah Ellen Ewart

(a) Residence, No. 1191 E. 65th St. St. 15 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1837
7. AGE YEARS 94 MONTHS 38 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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) Ohio 2

13. NAME Edward Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

15. MAIDEN NAME Mary E. Caruthers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT Mrs. Olive McPheeters
(ADDRESS) 1191 E. 65th St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgerton, Kan. DATE Feb. 24, 1932

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 7-23 1932 M. M. Carrowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932 to Feb. 23, 1932
I last saw her alive on Feb 21, 1932 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 2-10-32
Lobar pneumonia
108
Other contributory causes of importance: 108
Similarity

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) W. B. Rites M. D.
(Address) 309 East 10 N. C. Mo.

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.

Dr. [unclear]
[unclear]
308 [unclear]
1000 5000