

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph Mo. (No. 1020 1/2 Jones street)

Registration District No. 35
Primary Registration District No. 3101

File No. 31455
Registered No. 457
St. _____ Ward _____

2. FULL NAME Sarah E. Stuart

(a) Residence, No. 1920 1/2 Jones street St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Stuart</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5, 1863</u> | | | | |
| 7. AGE | YEARS <u>69</u> | MONTHS <u>5</u> | DAYS <u>27</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>House wife</u> <u>108</u> | | | |
| | 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 | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Bloomfield Missouri</u> | | | |
| | 13. NAME <u>Jeroll Young</u> | | | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u> | | | |
| | 15. MAIDEN NAME <u>Unknown</u> | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u> | | | | |
| 17. INFORMANT <u>Mrs. D. R. Kennedy</u> (ADDRESS) <u>1920 Jones street St. Joseph Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Memorial Park Cem.</u> PLACE <u>St. Joseph Mo.</u> DATE <u>Oct. 4</u> 19 <u>32</u> | | | | |
| 19. UNDERTAKER <u>H. L. Sidenfaden</u> (ADDRESS) <u>1802 Union st St. Joseph Mo.</u> | | | | |
| 20. FILED <u>OCT 3 1932</u> <u>John K. Bender</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1932 to Oct 1 1932

I last saw her alive on Sept. 30 1932 Death is said to have occurred on the date stated above, at 12:12A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Hypertensive

Other contributory causes of importance:
Fracture right humerus 5
fell on floor at house 1920 1/2 Jones

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

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? No
If so, specify _____
(Signed) Ray Beck, M. D.
(Address) St. Joseph 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.

NOV 21 1932

