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.

JAN 24 1933

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

Do not use this space.

39513

File No.

Registered No. 418

1. PLACE OF DEATH

48 County JACKSON — Registration District No. 398

5 Township BLUE — Primary Registration District No. 3019

8 City INDEPENDENCE (No. 922 North Dodgeon St. Ward)

2. FULL NAME SARAH A. GARD

(a) Residence, No. 922 N. DODGEON 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: 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: WIDOWED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-7-1853

7. AGE: YEARS 79 — MONTHS 1 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOME

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): UNKNOWN PENN

FATHER

13. NAME: J. A. DANIM

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN UNKNOWN

MOTHER

15. MAIDEN NAME: UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN UNKNOWN

17. INFORMANT (ADDRESS): A. E. GARD 922 N. DODGEON

18. BURIAL, CREMATION, OR REMOVAL PLACE: MOUND GROVE DATE: DEC. 31, 1932, 19

19. UNDERTAKER (ADDRESS): STAHL'S FUNERAL HOME 815 W. MAPLE AVE.

20. FILED: Dec. 31, 1932 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC. 29, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Dec 29, 1932

I last saw her alive on Dec 29, 1932. Death is said to have occurred on the date stated above, at 11:30A m.

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

Influenza + Bronchitis acute (2)

59A

11A

106A

Date of onset

Other contributory causes of importance:

Diabetes Mel. Chronic Several Years (1)

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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?

If so, specify —

(Signed) F. L. Cook, M. D.

(Address) Independence