MARGIN RESERVED FOR BINDING

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.

File No. 39524

Registered No. 398

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Independence (No. 11307 East 11th St. Ward)

2. FULL NAME Sarah E Kinney

(a) Residence, No. 11307 East 11th 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): Apr. 13 1849

7. AGE: YEARS 83 — MONTHS 8 — DAYS 3 — 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.: at 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): St Clair County, Ohio

FATHER

13. NAME: Thomas Carleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Clair County Ohio

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

17. INFORMANT (ADDRESS): Mrs W. B. Cravens 11307 East 11th St.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Caney Kans DATE Dec. 19 1932

19. UNDERTAKER (ADDRESS): Carson Funeral Home Independence Mo.

20. FILED Dec. 19 1932 L Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 · 12, 1932, to 12 - 16, 1932

I last saw her alive on 12 · 15, 1932 Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Pneumonia (terminal)	3 days
Senility. Bronchi.	
186 C 18LA 1942 10LA	
Other contributory causes of importance:	
Accident (fract. rt shoulder	1926
injury back) due to a fall	14

Name of operation none Date of

What test confirmed diagnosis? none 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) George W Polk, M. D.

(Address) 11037 Winner, Indep, Mo.