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

Do not use this space.

File No. 42804
Registered No.

1. PLACE OF DEATH
County Schuyler
Township Prarie
City ~~Near Queencity Mo~~ (No. ..... , ... St. ..... Ward)
Registration District No. 806
Primary Registration District No. ~~4784~~ 6852

2. FULL NAME Sarah C. Kirkpatrick
(a) Residence, No. ..... St., ... 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1866

7. AGE: Years 66 | Months 7 | 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 Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234
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) Bloomfield Iowa 2

FATHER
13. NAME James Stogdill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Rachel Spurgeon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

17. INFORMANT Chester Kirkpatrick
(ADDRESS) Greenton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Harmany DATE Dec. 27 1932

19. UNDERTAKER Wm N. Hest
(ADDRESS) Queencity Mo.

20. FILED 12/27/ 1932 J. T. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 30 1932, to Dec 25 1932
I last saw her alive on Dec 17 1932. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	Jan 1932
48	
46c	
139c	

48 (3)

Other contributory causes of importance:
Cancer also involved Intestines

Name of operation Hysterectomy Date of Mar 1932
What test confirmed diagnosis? ..... 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) O. P. Grow, M. D.
(Address) Queen City 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.