

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.

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

Do not use this space.

10890

1. PLACE OF DEATH

County St. Genevieve
Township Beaumont
City St. Mary (No.)

Registration District No. 781
Primary Registration District No. 4467

File No.
Registered No.
St. Ward)

2. FULL NAME Sarah Kemmer

(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 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 James Kemmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 0

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

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) St. Genevieve Co Missouri

MOTHER / FATHER 13. NAME Gibby Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co Missouri

15. MAIDEN NAME Sarah E. Kemmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co Missouri

17. INFORMANT Henry B. Evans
(ADDRESS) St. Mary, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE 3/24 1923

19. UNDERTAKER Les G. Basher
(ADDRESS) St. Genevieve Mo

20. FILED 3/24 1923 Attily Thomme Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/1923

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1923, to March 23, 1923
I last saw her alive on March 20, 1923. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Chronic nephritis Date of onset Unknown
Hepatic carcinoma 4650

Other contributory causes of importance: Hepatic carcinoma Unknown

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?
If so, specify
(Signed) John A. Wilkens, M. D.
(Address) St. Mary Mo

