

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

Do not use this space.

15835

1. PLACE OF DEATH

11 County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City XXXXXXXX (No. 2 mi. so. east of St. Joseph on Highway #169.) St. _____ Ward _____

2. FULL NAME

Sarah Elizabeth Stigers

(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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willard A. Stigers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1863
 7. AGE YEARS 69 MONTHS 7 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
 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. Joseph, Mo.

FATHER 13. NAME Robert Kennard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co., Ky.

MOTHER 15. MAIDEN NAME Mary Ellen Mahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co., Ky.

17. INFORMANT Mrs. E. S. Gorden (ADDRESS) R. F. D. #4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE May, 20, 1933

19. UNDERTAKER Walter Meierhoffer (ADDRESS) 1302 E. Main St. St. Joseph, Mo.

20. FILED May 19 1933 Registrar J. J. [Signature]

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 18, 1933 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to May 18 1933
 I last saw her alive on May 18 1933. Death is said to have occurred on the date stated above, at 1.45 P. M.
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Uremia
131
931
131
 Other contributory causes of importance:
Ch. Impuremities
Ch. Nephritis
Hypertension

Name of operation None 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? None 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) Albert H. Muench M. D.
 (Address) Phys. & Surg. Bldg. 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.

JUN 20 1933

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