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.

SEP 26 1933

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

Do not use this space.

26471

1. PLACE OF DEATH
County Jackson — Registration District No. 341 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3206
City K.C.Mo. (No. 3137 Main St. Ward)

2. FULL NAME Sarah A. McCoon
(a) Residence, No. 3137 Main 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 18, 1863

7. AGE: YEARS 70 — MONTHS 4 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): New York

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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

17. INFORMANT (ADDRESS): Martin Carriker 3137 Main

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation Elmwood Cem. DATE: Aug.10-33, 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc. K.C.Mo.

20. FILED Aug 10, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug.5-33, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Aug. 5, 1933
I last saw her alive on Aug. 5, 1933. Death is said to have occurred on the date stated above, at 6:15 PM m.
The principal cause of death and related causes of importance were as follows:

Toxic Goiter 66B 66B

Date of onset

Other contributory causes of importance:

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) E. M. Perdue, M. D.
(Address) 31 and Main St. Kansas City Mo.