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.

NOV 10 1933

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

Do not use this space.

33300

File No. 4235

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No.
Township Kaw — Primary Registration District No.
City Kansas City (No. 1801 Penn St. St. Ward)

2. FULL NAME Sarah S. Mc Kinney
(a) Residence, No. 1801 Penn. 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 Mc Kinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov.12, 1854

7. AGE — YEARS: 78 — MONTHS: — DAYS: — 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.: O.
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): Pa.

FATHER
13. NAME: John R. Mc Cormick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER
15. MAIDEN NAME: Sarah Condit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Mrs.E.L.Karns 1801 Penn St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stillwell, Ks. DATE 10/29/33, 19

19. UNDERTAKER (ADDRESS): R.V.Lindsey & Sons 3811 Bdwy.

20. FILED Oct 28, 1933 m McCrowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct.28,1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Aortic stenosis

97

Other contributory causes of importance:

Date of onset

Name of operation: no Date
What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

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) [signature] M.D.
(Address) [signature]

3232 Summit