

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

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

Do not use this space.

9161

1339

1. PLACE OF DEATH

County Jackson

Registration District No. 377

File No.

Township

Primary Registration District No. 101

Registered No.

City Kansas City

(No. 1025 W. Gregory)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah J. Rowe

(a) Residence, No. 1025 W. Gregory 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

Thomas H. Rowe

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

2/16/1852

7. AGE

YEARS

82

MONTHS

1

DAYS

9

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10. Date deceased last worked at this occupation (month and year)

1925

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lafayette Co. Wis.

FATHER

13. NAME

Richard Levitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Yorkshire England

MOTHER

15. MAIDEN NAME

Jane March

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Little Wheaton England

17. INFORMANT (ADDRESS)

Mrs. W. M. Linton 1025 W. Gregory

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wilson, Kan.

DATE

3/26

1934

19. UNDERTAKER (ADDRESS)

Geo. H. Long Mortuary K C K

20. FILED

3-26

1934

in home

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3/25

1934

22. I HEREBY CERTIFY that \_\_\_\_\_ attended deceased from \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_ last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said \_\_\_\_\_

to have occurred on the date stated above, at 6 p. m.

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

fracture of both wrists Date of onset \_\_\_\_\_

Industrial kinetosis

Pneumonia

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 cause, fill in as follows: \_\_\_\_\_

Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur \_\_\_\_\_ (Specify city, town, county, and State)

Specify whether injury occurred in \_\_\_\_\_ (home, or 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) \_\_\_\_\_

M. D.

(Address) \_\_\_\_\_

