

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.

MAY 25 1934

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

Do not use this space.

12769  
1000

1. PLACE OF DEATH

County JACONSON Registration District No. 377  
Township RAW Primary Registration District No. 1172  
City KANSAS CITY (No. 5701-BROOKLYN) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME MRS. SARAH COLLINS DENNEY

(a) Residence, No. 5701-BROOKLYN St., \_\_\_\_\_ Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 CHARLES DENNEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 18 1866

7. AGE YEARS 72 MONTHS 3 DAYS 16 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) SALT LAKE CITY (STATE OR COUNTRY) UTAH

13. NAME JAMES A. GOULT

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

15. MAIDEN NAME SARAH ANN TROUCHERS

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

17. INFORMANT MR. CHARLES DENNEY (ADDRESS) 5701-BROOKLYN AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE APRIL 4 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST.

20. FILED 4-3 19 34 9 AM Crowl Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 3 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to Apr. 2, 1934

I last saw her alive on Apr. 2, 1934. Death is said to have occurred on the date stated above, at 6:20 AM.

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

Chronic myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: arteriosclerosis and enlarged thyroid

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? no

If so, specify \_\_\_\_\_

(Signed) C. L. Smenberg, M. D.

(Address) K 6 mo

724 - Argyle Bldg

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