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 19 1934

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

Do not use this space.

16985

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2354

City Kansas City (No. 3808 Baltimore Avenue St. Ward)

2. FULL NAME Sarah Shellabarger Leidigh

(a) Residence, No. 3808 Baltimore Baltimore Avenue 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: John H. Leidigh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 19, 1831

7. AGE: YEARS 93 — MONTHS 4 — DAYS 10 — 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): Milfin Pennsylvania

FATHER

13. NAME: John Shellabarger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Easter Pennsylvania

MOTHER

15. MAIDEN NAME: Eliza Richart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eastern Pennsylvania

17. INFORMANT (ADDRESS): Jane Truman 3808 Baltimore

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Cem. PLACE Mt. Washington DATE May 31, 1934

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Wildam Plaza

20. FILED May 29, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to May 29, 1934

I last saw her alive on May 28, 1934. Death is said to have occurred on the date stated above, at A. m. 7

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

Sobar Jonemonia — Date of onset 3/24/34

108

1186

Other contributory causes of importance:

Gastritis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

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) [signature] M. D.

(Address) 1025 Rialto Bldg

Y14751