

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

Do not use this space.

42998  
5431

JAN 5 8 1935

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Keosauqua (No. 409 South Ashew)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Sarah Ellen Sievert  
(a) Residence, No. 409 South Ashew St. .... Ward. ....

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11-1872

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>3</u>	<u>5</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

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) Claraton, Benton Co. Iowa.

MOTHER FATHER 13. NAME Christian Sievert

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

15. MAIDEN NAME Margaret Young

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

17. INFORMANT (ADDRESS) Paul J. Sievert 409 South Ashew

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem City, Iowa DATE 12-15-1934

19. UNDERTAKER (ADDRESS) M. L. Foster Keosauqua

20. FILED 12-15-1934 amancrow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Dec 15, 1934

I last saw her alive on Dec 15, 1934. Death is said to have occurred on the date stated above, at 1245.

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

Carcinoma of Right Breast metastasis to Lungs and Liver      Date of onset 1932

Other contributory causes of importance: None

Name of operation ..... Date of .....  
What test confirmed diagnosis? Laboratory 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? None 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) Charles Nelson, M. D.  
(Address) 12 W. 1st Bldg

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.

