

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

Do not use this space.

RECEIVED FEB 9 1935

1181

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Vineyard Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Sarah Emma Harbaugh

(a) Residence, No. _____ St. _____ Ward Fairbury, Neb.
 (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

MEDICAL CERTIFICATE OF DEATH

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 Nathan Harbaugh
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1858
 7. AGE YEARS 76 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 5, 1935.
 I last saw h. alive on Jan 5, 1935. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:

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

Intestine of stomach (Bm at your elbow) Date of onset 2-35

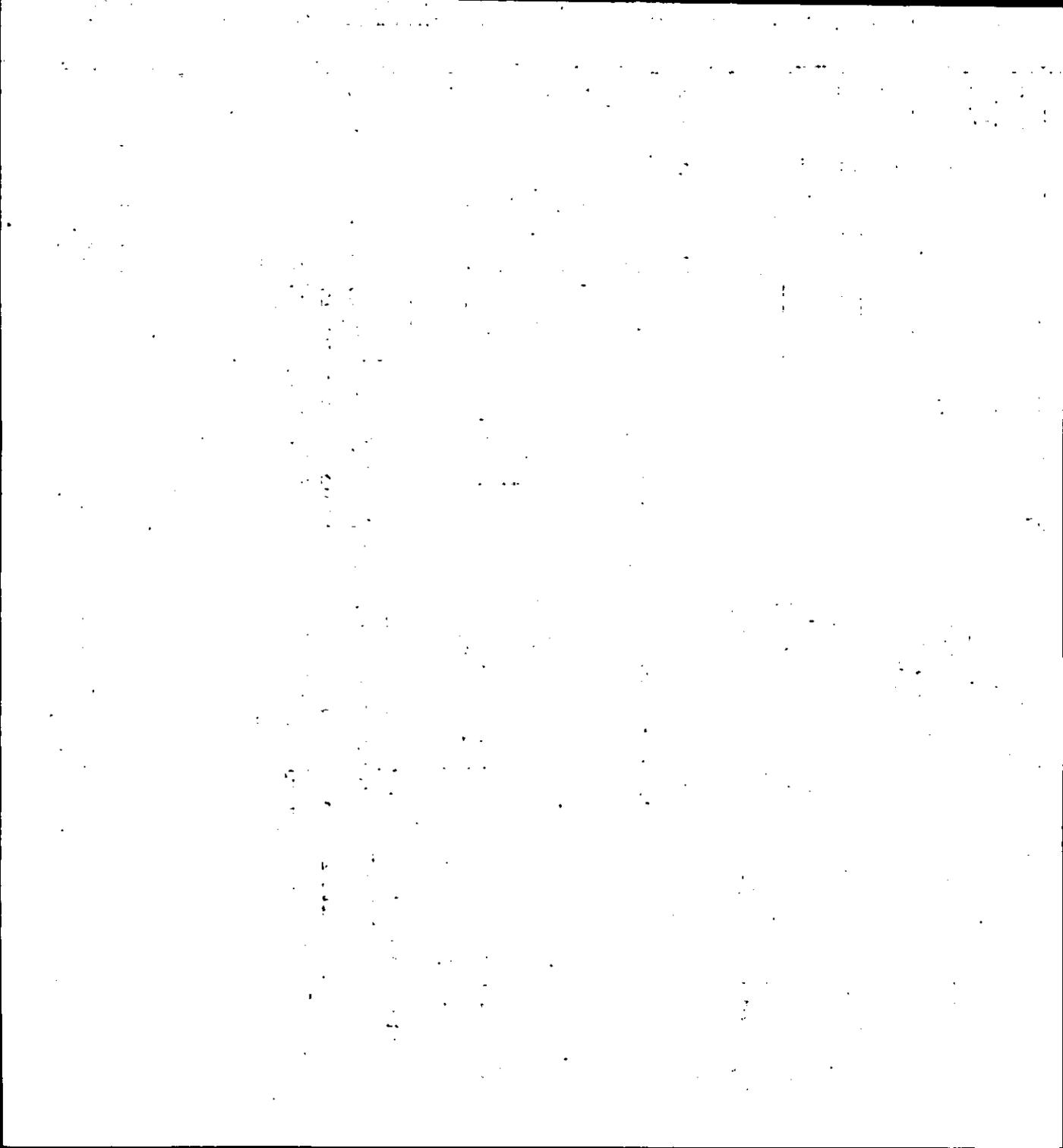
MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME Sam Jacks
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Polly Glass
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

Other contributory causes of importance:
Gallstones 1932
 Name of operation Leprotomy Date of 1-4-35
 What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT Harold H. Harbaugh
 (ADDRESS) 3027 Paseo, K. C. Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairbury, Neb. DATE Jan. 6, 1935
 19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) Kansas City, Mo.
 20. FILED 1-5, 1935 Sam Registrar.

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 Gallstones
 (Signed) G. H. Sheldon, M. D.
 (Address) 922 Walnut K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1 FEB 10 1935

1. PLACE OF DEATH

County Registration District No. File No.
Township Primary Registration District No. Registered No. 47
City (No. Vineyard Park Hospital St. Ward)

2. FULL NAME

Sarah Emma Harbaugh

(a) Residence, No. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *♀* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *76*

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *1-5-35* *M. M. Crowe* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-5-35*, 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from to, 19

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Intestinal Obstruction at lower ileum (a band (Yent's-enteric fold of Meitz))
Other contributory causes of importance: *Gallstones*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *124*

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), M. D.

(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1811