MAY 2 [illegible] 1935

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 388 — File No. 13132
Township KAW — Primary Registration District No. — Registered No.
City KANSAS CITY (No. APT. #208, - TRAYMORE HOTEL - 3028 - TRACY 1824 Ward)

2. FULL NAME MRS. SARAH E. THURBER
(a) Residence, No. ..... St., ... Ward. PARSONS, KANSAS
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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 SAMUEL J. THURBER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-11-1856
7. AGE: YEARS 78 — MONTHS 4 — DAYS 19 — 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) RICHLAND IOWA

FATHER
13. NAME J. COX
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. MABEL THURBER KELLEY 3028 - TRACY AVE
18. BURIAL, CREMATION, OR REMOVAL PLACE PARSONS, KANSAS DATE MAY - 1, 1935
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED 4-30, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 30, 1935
22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1935, to 4-30, 1935
I last saw her alive on 4-28, 1935. Death is said to have occurred on the date stated above, at 10:20 A.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Right Breast — Date of onset

Other contributory causes of importance:
Recurring & Metastatic Carcinoma elsewhere.

Name of operation Chemical Removal Date of 1934
What test confirmed diagnosis? Clinical. 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? no
(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) Wilson A. Myers, M. D.
(Address) 815 Shukert Bldg. Kansas City, Mo.

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.

012 - Shubert Bldg
2-4:30