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.

JUL 2 2 1935

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

Do not use this space.

16747

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2273
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. 504 Spruce St. Ward)

2. FULL NAME Mrs. Sarah Catherine McDowell
(a) Residence, No. 504 Spruce St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
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) May 27, 1853

7. AGE — YEARS 82 — MONTHS 0 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Ill

FATHER
13. NAME Unknown
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. Theodore Ticknor, 504 Spruce, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fontana, Ks. DATE June 3-35, 19

19. UNDERTAKER (ADDRESS) C.H.Blackman & Son, Inc, 2825 Indep. Blvd. K.C.Mo.

20. FILED June 3, 1935 M M Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to May 31, 1935, 19
I last saw her alive on May 30, 1935 Death is said to have occurred on the date stated above, at 4:40 m. AM
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

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Other contributory causes of importance:
Intercostal ~~nephritis~~ Neuritis
& Chronic Interstitial nephritis

Name of operation — Date of
What test confirmed diagnosis? Sub & Clinical — 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?
If so, specify
(Signed) Dr Frank Clay M. D.
(Address) 4316 E 9th. St.