AUG 12 193

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

Do not use this space.

22008

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 142
City Kirksville, Mo. (No. Grim Smith Hospital St. Ward)

2. FULL NAME Sarah Christina Brower
(a) Residence, No. Queen City, Mo. St., Ward. Queen City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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~~ Daniel Sherman Brower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1872

7. AGE: 63 YEARS — MONTHS: 0 — DAYS: 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year) July 23, 1935
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City, Mo.

FATHER
13. NAME William Glenn Runk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Penn.

MOTHER
15. MAIDEN NAME Nancy Elkenor Shepard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Iowa

17. INFORMANT (ADDRESS) W. H. Runk (brother) Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queen City DATE Aug 2 1935

19. UNDERTAKER (ADDRESS) Dave F. Wilson Kirksville Mo

20. FILED Aug 2 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1935, to July 31, 1935
I last saw her alive on July 31, 1935. Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/22/35
Pyonephritis, chronic.	
133	

Other contributory causes of importance:
Pyonephritis (patient had only one kidney)

Name of operation ..... 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) J. J. Kemp, M. D.
(Address) 201 E. Patterson Kirksville, Mo.

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.