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14-199

JAN 23 1936

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

Do not use this space.

39465

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 5593
City Kansas City Mo (No. 5430 Brooklyn St. Ward)

2. FULL NAME Mrs. Sarah Elizabeth Rardin
(a) Residence, No. 5430 Brooklyn St., Ward.
(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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-31 1864

7. AGE YEARS 71 MONTHS 4 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME James Sherer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Hester Kenneth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs J Young 5430 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
PLACE King City Mo DATE 12/4/35 19

19. UNDERTAKER (ADDRESS) [illegible] FUNERAL HOME, INC. 3146 Main St

20. FILED 12/3 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2- 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1934, to 12-2 1935
I last saw her alive on 12-2-35, 19.... Death is said to have occurred on the date stated above, at 12 44 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Major — Date of onset 12-1-35

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Other contributory causes of importance:
chronic myocarditis ?
chronic interstitial nephritis ?
arteriosclerosis ?

Name of operation none Date of
What test confirmed diagnosis? Clin + Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) H. T. Wrenthe Q. D.
(Address) 3442 Prospect

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.

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