

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.

JUN 17 1936

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

Do not use this space.

19367

1. PLACE OF DEATH

County Jackson Registration District No. 309
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Menorah Hospital) St. 2317 (Ward)

2. FULL NAME Mrs. Clara Sands

(a) Residence, No. 433 North Lawndale 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Iowa

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Miss Sara Sands
(ADDRESS) 433 North Lawndale

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills Cem DATE 5/5/36

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED May 5 1936 M. M. Crowe, Ass't Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1936 .19

I HEREBY CERTIFY That I attended deceased from April 26 to May 3, 1936
I last saw him alive on May 3, 1936 Death is said to have occurred on the date stated above, at 11:15 A M
The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage

Date of onset

Other contributory causes of importance: 97 at
Name of operation _____ Date of _____
What test confirmed diagnosis Spinal Was there an autopsy? yes

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) J. H. Irving, M. D.

(Address) 1612 1/2 W. 11th St.
Jed Irving

