MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-3-28-35

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

JUN 17 1936

Do not use this space.

19494

File No. 2450

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 2922 Garfield St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Sarah Mc.Farlane

(a) Residence, No. 2922Garfield 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: John Mc'Farlane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 15 - 59

7. AGE: 77 YEARS, MONTHS: 2, DAYS: 0. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Sterling Ill.

FATHER

13. NAME: Dugan Mc,Donald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER

15. MAIDEN NAME: Jessie Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Mrs R.W. Davidson, 2922 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood DATE: May 18 36

19. UNDERTAKER (ADDRESS): Eylar Funeral Home, K.C. Mo.

20. FILED: May 16, 1936 M.M. Crow, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30th, 1936, to May 15, 1936

I last saw her alive on May 14, 1936. Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset: April 15 1936

93a

Other contributory causes of importance: Arterial Hypertension — Unknown

Name of operation: None Date of

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? (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) Kenneth G. Davis, M. D.

(Address) 3301 Woodland Kansas City Mo.

[illegible]

[illegible]

[illegible]