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

SEP 29 1936

Do not use this space.

31126

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3925
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 201 West 38th St. St. Ward)

2. FULL NAME Sarah Margaret Longshore
(a) Residence, No. 201 West 36th 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. A. D. Longshore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 4, ?

7. AGE: About 75 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At 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): W. Virginia

FATHER
13. NAME: Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Miss Thelma Longshore, 201 West 38th St., Kansas City, Mo.
18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Moriah Cemetery
PLACE Kansas City, Mo. DATE Aug. 19
19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza
20. FILED 8-24 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935, to Aug 24, 1936
I last saw her alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at P. m. 12:21
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Oct 1935
Other contributory causes of importance: Embolism left popliteal artery	1 day

Name of operation — Date of
What test confirmed diagnosis? X Ray 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) James B. McVay, M. D.
(Address) 814 Med Arts Bldg Kenn

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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medical arts bldg.