APR 8 1937

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

Do not use this space.

File No. 9665

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township — Primary Registration District No.

City Kansas City (No. 4616 Wyoming St. Ward)

2. FULL NAME Mrs. Sarah Anna King

(a) Residence, No. 4616 Wyoming St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No record

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hamilton (STATE OR COUNTRY) Illinois

FATHER

13. NAME ~~[illegible]~~ --Groves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME No record

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

17. INFORMANT Charles E. King (ADDRESS) 4616 Wyoming

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 20, 1937

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED 3-20-1937 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1934, to Mar. 18, 1937

I last saw her alive on Mar 18, 1937. Death is said to have occurred on the date stated above, at 5 p.m.

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

	Date of onset
Cerebral hemorrhage	3-11-37
Other contributory causes of importance:	
arterial hypertension	10 yrs
arteriosclerosis	

Name of operation 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) Harry E. Schoen, M. D.

(Address) 243 Werby Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

H. E. SHOEN
Werby Bldg.
39th & Main