

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4220 Mercier)

Registration District No. 399
Primary Registration District No. 1002

File No. 29873
Registered No. 3507
St. _____ Ward _____

2. FULL NAME Sarah C. Birmingham

(a) Residence, No. 4220 Mercier 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 Herbert A. Birmingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 9, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 15

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) Pennsylvania

13. NAME Wm. Pennell

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

15. MAIDEN NAME Wm. Brown

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

17. INFORMANT Herbert A. Birmingham
(ADDRESS) 4220 Mercier, Kansas City, Mo.

18. BURIAL, CREMATION, OR DISPOSITION Mt. Washington Cem.
PLACE Kansas City, Mo. DATE August 24, 1937

19. UNDERTAKER Stone & McClure
(ADDRESS) 3232 William Plaza

20. FILED Aug. 25, 1937 M. M. Crowe, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1937 to Aug 24, 1937

I last saw her alive on Aug 24, 1937. Death is said to have occurred on the date stated above, at P. m. 11:30

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

Cerebral Hemorrhage Date of onset 24-1937
82a!

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? usual 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) Ward H. Leonard, M.D.
(Address) 3232 Summit St.

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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Va. 7134

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