

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH  
 County Jackson Registration District No. 395  
 Township Kaw Primary Registration District No. 1002  
 City K. C. Mo. (No. 3516, Summit St.                      Ward                     )

File No. 33306  
 Registered No. 3751

2. FULL NAME Miss Sara George  
 (a) Residence, No. 3110 Washington 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
85 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher  
 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) San Francisco, Cal.

FATHER 13. NAME Jay George

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

MOTHER 15. MAIDEN NAME Ellen Boyle

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

17. INFORMANT Dr. Ottokar Hoffman  
 (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Sept 17, 1937

19. UNDERTAKER Wagner Funeral Home  
 (ADDRESS) 204 W. Linwood

20. FILED 9/16 1937 M. M. Brown  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937 to Sept 15, 1937

I last saw her alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 8 A. m.

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

Carcinoma of Gall bladder  
Pulmonary tuberculosis Date of onset June 37

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Other contributory causes of importance:                     

Name of operation none Date of                     

What test confirmed diagnosis? autopsy 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? no

If so, specify                     

(Signed) Ottokar Hoffman, M. D.

(Address) 306 Bialoj Bldg.

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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