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.

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

Do not use this space.

40208

DEC 20 1937

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2313 Bales St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 4522
Registered No.

2. FULL NAME Sarah Eisenhower
(a) Residence, No. 2313 Bales 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wdow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Eisenhower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1847
7. AGE YEARS 90 MONTHS 2 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Tenn.

FATHER
13. NAME Joel Thoronburg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary Shoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs. Dona Higgins 2313 Bales
18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon Mo DATE Nov 13 1937
19. UNDERTAKER (ADDRESS) Mrs. O. L. Forstin K. C. Mo.
20. FILED Nov 10, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct, 1936, to Nov 10, 1937
I last saw her alive on Nov 10, 1937 Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocardial Degeneration Arteriosclerosis	
131	

Other contributory causes of importance: Senility - Ch. Interstitial Nephritis

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) Ch. Edmund S. [illegible], M. D.
(Address) 4900 Eng. St. K. C. Mo.

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