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

Do not use this space.

31269

File No. 3566

Registered No.

REC'D OCT 15 1938

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 548 Skiles St. Ward)
Registration District No. 399
Primary Registration District No. 1007

2. FULL NAME Sarah Adeline Root
(a) Residence, No. 548 Skiles St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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 Edwin Root

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1849

7. AGE: Years 89 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

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) several years
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Kneff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Sarah Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A. C. Root
(ADDRESS) Burlingame, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn, K.C.K. DATE 9/10/38

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED Sept 11, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to Sept 8, 1938
I last saw her alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 12:10 A.M?.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset 1928

Interstitial nephritis — Chronic — 5 yrs

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? 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) O. K. Brenneman M.D.
(Address) Lawrence Kan.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Brennan:
408/220.75 - Ja 9277