

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson County Registration District No. 398  
 Township Independence Primary Registration District No. 3019  
 City Independence St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah M. Erickson  
 (a) Residence. No. 1116 West Walnut St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 6 yrs. 4 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. 27109  
 Registered No. 233

**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 G.E. Erickson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 Nov 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Branchville  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER H. Erickson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Norway  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Norway  
 (STATE OR COUNTRY)

14. INFORMANT G.D. Erickson  
 (Address) 1116 W Walnut St

15. FILED Sep 4, 1927 J. L. Cook  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2, 1927  
 I HEREBY CERTIFY That I attended deceased from June 2nd, 1927 to Sept 2nd, 1927  
 that I last saw her alive on Sept 2nd, 1927 and that death occurred, on the date stated above, at 345 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetic gangrene  
59  
99  
 (duration) yrs. 4 mos. da.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis  
 (duration) 1 yrs. --- mos. --- da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, 1116 W. Walnut St  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab  
 (Signed) Chas. Hedden M. D.  
Sept 4, 1927 (Address) Independence Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Grove, Cem. DATE OF BURIAL Sept 6, 1927

20. UNDERTAKER Arthur L. Funderburk ADDRESS 2657 Arch St.  
152

COPYING INK--THIS IS A PERMANENT RECORD

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.

Get Backing Permit

our Hubs A.W.

USE OF DESIGN IN PLAIN TEXT ON THE FRONT OF THE PERMIT IS PROHIBITED. THE PERMIT IS THE PROPERTY OF THE BUREAU OF LAND MANAGEMENT AND IS TO BE RETURNED TO THE BUREAU OF LAND MANAGEMENT UPON COMPLETION OF THE PROJECT.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson  
Township Deer  
City ..... (Name).....St. ....Ward)

Registration District No. 398  
Primary Registration District No. 3079

File No. ....  
Registered No. 233

**2. FULL NAME**

Sarah M. Erickson

(a) Residence No. ....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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 9 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

**14.**

INFORMANT .....  
(Address) .....

FILED Nov 18 1927 F. F. Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... that I last saw h. .... alive on ..... 19..... and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

..... (duration) ..... yrs. .... mos. .... da.  
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

19

REGISTRARS SHALL NOT CHARGE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. PHYSICIANS should state OCCUPATION is very important.

SUPPLEMENTARY

10118-5