WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

6759

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City Mo (No. 3601 Bellevue St. Ward)

File No. 925
Registered No.

2. FULL NAME Sarah C. Olmsted
(a) Residence. No. 3601 Bellevue St., 5 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: Dr. C. C. Olmsted

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 4 1842

7. AGE: 87 YEARS — MONTHS: 0 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

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

2

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Co Pa

2

PARENTS

10. NAME OF FATHER: Charles Hammer

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

2

12. MAIDEN NAME OF MOTHER: Sussie Dunkel

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

2

14. INFORMANT: Mrs Emma S. Shryock
(Address) 3601 Bellevue

15. FILED 2-25-29 M M Emm Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 25 1929

17. I HEREBY CERTIFY, That I attended deceased from 10 Years 19.. to death 19.. that I last saw her alive on Feb 24 1929, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
162
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. Connell M.D.
2-25, 1929 (Address) 608 Commerce Bldg

*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: Elmwood Cemetery — DATE OF BURIAL: Feb 27 1929

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grandview