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

85

Do not use this space.

39712

1. PLACE OF DEATH:
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1389
City St. Joseph, (No. 2737 Seneca St. Ward)

2. FULL NAME Sarah Ann Clemmens,
(a) Residence. No. 2737 Seneca 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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 17, 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	89	9	18	

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

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTY) Missouri,

PARENTS
10. NAME OF FATHER James Hall,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTY) Missouri,
12. MAIDEN NAME OF MOTHER Celia Cobb,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTY) Missouri,

14. INFORMANT Mrs. Joe H. Chapman
(Address) 2737 Seneca Street,

15. FILED DEC 5 1929, 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from 3rd December, 1929, to Dec 4, 1929, that I last saw h. alive on Dec 4, 1929, and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) old age
(duration) yrs. mos. ds.

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) Lydia Hellyard, M. D.
12/6, 1929 (Address) Bollinger 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	DATE OF BURIAL
Greenwich Cemetery	Dec. 7th, 1929
20. UNDERTAKER	**ADDRESS**
Henton Belote & Bowman Funeral Home	319 S. 10 St.

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.

Ballinger Bldg