

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

Do not use this space.

4881

1. PLACE OF DEATH

County Jackson Registration District No. 200 File No. _____
 Township Kan Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. Kansas City General Hospital) St. Mo Ward 744

2. FULL NAME

Halden Sarah
 (a) Residence, No. 719 Penn St. 1 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 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 Clark Halden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 6

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. 235
 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) Unknown 31

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Recess Clark
 (ADDRESS) Kansas City General Hospital

18. BURIAL, CREMATION, OR REMOVAL 2/23
 PLACE Leeds DATE 1932

19. UNDERTAKER Peter B. Lapina
 (ADDRESS) K. C. Mo

20. FILED 2/23 19 3:17 p.m. Crone
W.S.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-20-1932, to 2-20-1932

I last saw her alive on 2-20-1932 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Hepatitis Date of onset _____
131

Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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? _____
 If so, specify _____

(Signed) P. E. Williams, M. D.
 (Address) _____

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.

