

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

Do not use this space.

16407

2204

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City,

Registration District No. 389
Primary Registration District No. 100
(No. 1832 Houston

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Fuhk

(a) Residence, No. 1832 Houston St. 15 Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 60 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Russia 20

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Other Lighter (ADDRESS) 3407 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Jan 20 1932

19. UNDERTAKER J. F. Lewis Funeral Home (ADDRESS) 15 E. 12th

20. FILED 32 1932 M. M. Crowe Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29 1932, to May 30 1932. I last saw her alive on May 29 1932. Death is said to have occurred on the date stated above, at 5 a.m.. The principal cause of death and related causes of importance were as follows:

coronary sclerosis
angine pectoris
acute indigestion

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical. 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) J. Wolf M. D.
(Address) 620 Argyle Bldg

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.

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