JAN 26 1934

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.

40299

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 2932 Euclid St. 5108 Ward)

File No.

Registered No.

2. FULL NAME Mrs. Sarah Dallas

(a) Residence, No. 2932 Euclid St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th. 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	10	11	

OCCUPATION

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.

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) Iowa

FATHER

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Geo. W. Dallas
(ADDRESS) 2932 Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. DATE 12/30/33 19

19. UNDERTAKER W. F. Mauberry
(ADDRESS) City

20. FILED 12-29 1933 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1933, to Dec 28 1933

I last saw her alive on Dec 27 1933. Death is said to have occurred on the date stated above, at 430 AM. m.

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

	Date of onset
Pneumonia Lobar	Dec 25
preceded by several	1933
weeks of bronchitis	
10/14	
1/28	
1/28	
Other contributory causes of importance	
Arteriosclerosis	1923

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W. A. Simon, M. D.

(Address)

Dr W A Armour.
Argyle Bldg.
Vc 1293
2:30 x 5:00

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