

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.

NOV 26 1936

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

Do not use this space.

37699

1. PLACE OF DEATH

County Jackson Registration District No. 299  
Township Jackson Primary Registration District No. 1002  
City Kansas City (No. 2515, Street Thurst)

File No. 4553  
Registered No. 4553  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah Josephine Roberts

(a) Residence, No. 2515 Thurst 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1847

7. AGE YEARS MONTH DAYS If LESS than 1 day, hrs. or min.  
89 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ill

13. NAME James O. Neal

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

15. MAIDEN NAME Coffey

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

17. INFORMANT (ADDRESS) J. R. Dwyer

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Washington Oct 14 36

19. UNDERTAKER (ADDRESS) Taylor General Home

20. FILED Oct 14 1936 m. m. Crovin  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 10-12, 1936

I last saw her alive on 10-12, 1936 Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Arteriosclerosis; Senility Date of onset \_\_\_\_\_

Other contributory causes of importance:

Arteriosclerotic gan-  
grene foot

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. J. Gammert, M. D.

(Address) St. Louis, Mo.

