MAR 13 1937

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

Do not use this space.

File No. 6402

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1202

City: Kansas City (No. St. Lukes Hosp. St. Ward)

2. FULL NAME Mrs. Sarah Jane Devoll

(a) Residence, No. 2507 E. 37th 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	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 WESLEY L. DEVOLL JAN. 1 - 1857

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
78	1	10	

OCCUPATION

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) ALBIA IOWA

FATHER

13. NAME JOHN WARWICK

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

MOTHER

15. MAIDEN NAME NANCY E. REDDISH

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

17. INFORMANT MRS. JOSEPH W. ELSEY
(ADDRESS) 2507 EAST 37th ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEM. PARK DATE FEB 13, 1937

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) BRUSH CREEK & PASEO

20. FILED 2-12, 1937 M. M. Crowgirish
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937 to Feb 11, 1937

I last saw her alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 11:22 A.M.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension 30

Name of operation None Date of —

What test confirmed diagnosis? Autopsy 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? No

If so, specify —

(Signed) E. J. Monahon, M. D.

(Address) 311 Argyle KC Mo

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.

Argyle Bldg.
Ui 7825