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

FILED MAR 11 1940

Do not use this space.

5504

729

File No.

Registered No.

1. PLACE OF DEATH
County Jackson 2 Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City Mo (No. 1421 W 50 St Terrace St. Ward)

2. FULL NAME 460 SARAH A SAYLOR
(a) Residence, No. 1421 W 50 St Terrace St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-24-1853
7. AGE YEARS 87 MONTHS — DAYS 22 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Antwerp Ohio

FATHER
13. NAME Z. A. Graves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

MOTHER
15. MAIDEN NAME Adelaide Fogstetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) N. G. Saylor 2600 W 51 St K C Kas
18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
PLACE St Louis Mo DATE 2/18/1940 19
19. UNDERTAKER (ADDRESS) Mellody & McGilley Linwood Euclid
20. FILED Feb. 18-1940 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1939, to Feb. 16, 1940
I last saw her alive on Feb. 16, 1940. Death is said to have occurred on the date stated above, at 3:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Coronary Sclerosis	1930
Other contributory causes of importance: Bronchial Asthma	?

Name of operation None Date of —
What test confirmed diagnosis? Exam 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) Eugene H. Ferguson, M.D.
(Address) 1810 W 45 St

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
50M-10-22-38
I X9314

Dr E. Ferguson
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Va 4696

Va 4641 Residence
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1810 W 45