

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

File No. 7836

Township

Primary Registration District No. 1001

Registered No. 291

City St. Joseph, Mo. (No. 404)

Michigan

St.

Ward

**2. FULL NAME**

Sadie Goldsbury

(a) Residence. No. 404 Michigan St.

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. 5 mos. 0 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**

Jesse F. Goldsbury

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

March 28, 1853

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

74

11

3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY)

Kentucky

**10. NAME OF FATHER**

Benjamin Smith

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY)

Kentucky

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT

W. B. Lafat

(Address)

404 Michigan

**15.**

FILED

1928

John D. [Signature]

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

March 1, 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1928 to Feb. 27, 1928, that I last saw her alive on Feb. 29, 1928, and that death occurred, on the date stated above, at 9:20 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131 Apoplexy  
82A

(duration) \_\_\_\_ yrs. \_\_\_\_ mos. 3 ds.

**CONTRIBUTORY (SECONDARY)**

Chronic interstitial nephritis

(duration) 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

Clinical

(Signed)

H. A. Robertson, M. D.

Mar 1, 1928 (Address)

St. Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Lawson, Missouri

March 2, 1928

**20. UNDERTAKER**

**ADDRESS**

Elman Funeral Home

1208 Francis

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.

3 1928

