

6 28 1928

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

Do not use this space.

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 24795

Township Moberly

Primary Registration District No. 3034

Registered No. 1485

City Moberly (No. 2096)

Beats 6

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah A. Sinclair

(a) Residence. No. 2096 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Oct 2<sup>nd</sup> 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>87</u>	<u>9</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER

Nathaniel Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT S. A. Sinclair  
(Address) Moberly Mo

15.

FILED 7/25, 1928 Dr. Chas. J. Fleming  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 23<sup>rd</sup> 1928

17.

I HEREBY CERTIFY, That I attended deceased from July 23<sup>rd</sup> 1928 to July 23<sup>rd</sup> 1928

that I last saw her alive on July 20<sup>th</sup> 1928, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Colitis

CONTRIBUTORY (SECONDARY)

1228  
114B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

Dr. F. J. Flesher, M. D.  
7-25, 1928 (Address) Moberly 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

Moberly Mo

DATE OF BURIAL

7-25<sup>th</sup> 1928

20. UNDERTAKER

Mahon and Son

ADDRESS

Moberly Mo

M. 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.

