

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

Do not use this space.

34501

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Sugar Creek Primary Registration District No. 3034
City Moberly (No.) (Ward)

File No.
Registered No. 190
St. Ward)

2. FULL NAME

Isaac Duncan Sandreth
(a) Residence. No. 400 S. Clark 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 1864

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
64 4 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cool Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Sandreth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT H. S. Sandreth
(Address) Moberly Mo.

15. FILED Oct 4 28 Dr. Thos. J. Fikking
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1928

17. I HEREBY CERTIFY that I attended deceased from
19....., 19....., 19.....
that I last saw h..... alive on Case, 19....., and that
death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Accidental - Killed
by falling rock while
at work - coal mine
2:01 M (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1864
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. W. M. Lellan M.D.
, 19 (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 Oakland DATE OF BURIAL Oct. 6 1928

20. UNDERTAKER H. C. Moore ADDRESS Moberly

