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

Do not use this space.

38584

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No.

Township Washington Primary Registration District No. 1001 Registered No. 1319

City St. Joseph (No. 1119 North 2nd St. Ward)

2. FULL NAME Sarah Lindley

(a) Residence. No. 623 Patee St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	83	2	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) Indiana

PARENTS

10. NAME OF FATHER Unknown Hivley

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Della Goddard
(Address) 1119 No. 2nd St.

15. FILED DEC 10 1930 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1930, to Dec. 5, 1930 that I last saw her alive on Dec. 5, 1930, and that death occurred, on the date stated above, at not stated m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
230
130

(duration) yrs. mos. 6 weeks ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) yrs. 6 mos. ds.

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? Clinical

(Signed) H. H. Gray, M. D.

12/11/, 1930 (Address) 1726½ Commercial

*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
Mt Auburn Cem	Dec. 11 1930

20. UNDERTAKER	ADDRESS
E. R. Sidenfaden	602 So. 10

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.