

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph Mo. (No. Star Joseph Hospital)

Registration District No. 85  
Primary Registration District No. 1001

File No. 31450  
Registered No. 952  
St. .... Ward)

**2. FULL NAME** Sarah Lykins

(a) Residence, No. 1621 Grand Ave. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Lykins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 2, 1872</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>29</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County Missouri</u>	
	13. NAME <u>John Brosi</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Switzerland</u>	
	15. MAIDEN NAME <u>Elizabeth Hines</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan County Missouri</u>	
17. INFORMANT <u>Charles Lykins</u> (ADDRESS) <u>1621 Grand Ave. St Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Auburn Cemetery</u> PLACE <u>St Joseph Mo.</u> DATE <u>Oct. 4</u> , 19 <u>32</u>		
19. UNDERTAKER <u>H. O. Sidenfaden</u> (ADDRESS) <u>1802 Union st St Joseph Mo.</u>		
20. FILED <u>OCT 3 1932</u> <u>John R. Bender</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1, 1932

I HEREBY CERTIFY That I attended deceased from Sept 28 1932 to Oct 1, 1932

I last saw h. or alive on Oct 1, 1932 Death is said

to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
82A  
97  
102

Other contributory causes of importance:

arterio-scler. gen.  
hypertension

Name of operation..... Date of.....

What test confirmed diagnosis? Car 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) John R. Bender M. D.

(Address) Lucaspolne of Blas.

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.

NOV 21 1932

