

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

Do not use this space.

**1. PLACE OF DEATH**

County Wodaway  
Township Barued  
City Barued (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 617  
Primary Registration District No. 4368

File No. 20553  
Registered No. 9

**2. FULL NAME**

Sarah Margaret Shinabargar Bolin

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed  
(OR) WIFE OF Pleasant Bolin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1851

7. AGE YEARS 81 MONTHS 6 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) near Valparaiso  
(STATE OR COUNTRY) Indiana

MOTHER 13. NAME William Shinabargar

14. BIRTHPLACE (CITY OR TOWN) Knox Co, Ohio  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Butler

16. BIRTHPLACE (CITY OR TOWN) Wayne, Ohio  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Minnie Casey  
(ADDRESS) RFD, Marysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cloud Cemetery DATE June 4, 1933

19. UNDERTAKER Campbell Funeral Home  
(ADDRESS) Marysville, Mo.

20. FILED 6/2-1933 Chas. D. Humbard  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY That I attended deceased from May 14, 1933, to June 2, 1933  
I last saw h. alive on June 2, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Unidentified degenerative disease of spinal cord; a disseminated unilateral radiculitis. Date of onset 5/33

Other contributory causes of importance: 81

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) Chas. D. Humbard M.D. M. D.  
(Address) Barued, Mo.

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.

JUL 23 1933

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