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.

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

Do not use this space.

1. PLACE OF DEATH
County Vernon — Registration District No. 825 — File No. 38364
Township Washington — Primary Registration District No. 6162 — Registered No. 198
City Nevada (No. ..., ... St. ..... Ward)

2. FULL NAME Sykes, Sadie
(a) Residence, No. State Hospital No 3, Nevada Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) July 29, 1889
7. AGE YEARS 46 MONTHS 3 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewiston Maine

FATHER
13. NAME John Rowley Sykes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Catherine McCrimmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada

17. INFORMANT (ADDRESS) Geo. B. Sykes Kansas City, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo DATE Nov. 2 1935
19. UNDERTAKER (ADDRESS) Freeman Kansas City, Mo
20. FILED Nov 2 1935 M Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to Nov 1, 1935
I last saw her alive on Nov 1, 1935 Death is said to have occurred on the date stated above, at 10 50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial	
" Myocardial failure	

Other contributory causes of importance: Psychosis with other brain & nervous disease

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Roy W Pearsey, M.D.
(Address) State Hosp No 3, Nevada