SEP 28 19[illegible]

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

Do not use this space.
31932

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Primary Registration District No. 3032
City Sedalia (No. 719 East Boonville St. Ward)
File No. 240
Registered No. 1618

2. FULL NAME Sarah M. Lindsey
(a) Residence, No. 719 East Boonville 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	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 Enoch T. Lindsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	82	5	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ohio

FATHER
13. NAME Peters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Dk~~ Dk

17. INFORMANT (ADDRESS) Mrs. Stella Sowers Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem. DATE Aug. 7 1936

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Aug 6 19 36 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5/36 , 19

22. I HEREBY CERTIFY, That I attended deceased from Pm Aug 5, 1936, to Am Aug 5, 1936
I last saw h[illegible] alive on Aug 5 1936 Death is said to have occurred on the date stated above, at 5 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
About Aug 2, 1936	
I only saw her few times	Aug 5, 1936
My diagnosis	
Appendicitis	
	45

Other contributory causes of importance:
Senility 10-1

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) C. P. Caldwell, M. D.
(Address) Hughesville Mo.

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.