

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

Do not use this space.

36996

**1. PLACE OF DEATH**

County Jackson  
Township Kear  
City Kansas City Mo (No. Lakeside Hospital)

Registration District No. 399  
Primary Registration District No. 11002

File No. 4509  
Registered No. 4509 St. Ward

**2. FULL NAME**

(a) Residence. No. 564 Stone wall Court Ward 9  
(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**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl H Goldsberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 28 | 5 | 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elk Falls  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Henry A Sinkel

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

12. MAIDEN NAME OF MOTHER Rebecca Lawrence

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

14. INFORMANT Earl H Goldsberry  
(Address) 564 Stone wall Court

15. FILED 12/21 1927 M. M. Crove REGISTRAR  
assn

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 13 1927 to Dec 21 1927, and that I last saw him alive on Dec 20 1927, and that death occurred, on the date stated above, at 9:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1550  
76 Sepsis (duration) yrs. mos. ds. 78  
CONTRIBUTORY Syphilitic Pyomeningitis (SECONDARY)  
Non specific (duration) yrs. mos. ds. 58  
non specific

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 26/27  
1550 Autopsy of above through

2. WAS THERE AN AUTOPSY? No Aut-disee

WHAT TEST CONFIRMED DIAGNOSIS? Chemical exam  
(Signed) Henry J. Owens, M. D.

21, 1927 (Address) Lakeside Hospital  
\*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 Elk Falls Kansas DATE OF BURIAL 12/21 1927

20. UNDERTAKER W. Mast ADDRESS 1915 East 15

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.

