MAR 27 1930

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

Do not use this space.

5482

1. PLACE OF DEATH

County Johnson

Township Warrensburg.

City ~~County Home~~ (No. ..... St. ..... Ward)

Registration District No. 431

Primary Registration District No. 5588

File No. .....

Registered No. .....

2. FULL NAME Sarah Ann Sykes.

(a) Residence. No. ..... 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. J. H. Sykes.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June. 13, 1851.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	7	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Joe Humphrey.

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

12. MAIDEN NAME OF MOTHER Mary Kersley.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) N. Jersey.

14. INFORMANT Willie A. Sykes.
(Address) ~~Warrenwburg. Mo.~~

15. FILED 2/12 1930 Wm R Patterson REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6, 1930. 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1930, to Feb 6, 1930 that I last saw her alive on Feb 5, 1930, and that death occurred, on the date stated above, at 5: A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

131

132B

..... (duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

..... (duration) about 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Wm R Patterson, M. D.

2-6, 1930 (Address) Warrensburg Mo

*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	DATE OF BURIAL
Sykes Cemetery in. Carroll Co. Mo.	Feb. 8 1930.
20. UNDERTAKER	**ADDRESS**
R. Q. Phillips. Warrensburg. Mo.	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.