

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

Do not use this space.

36197 ✓

JAN 1<sup>st</sup> 1928

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 125  
 Township 11 Primary Registration District No. 3009  
 City 11 (No. 11) St. 11 Ward 11

2. FULL NAME Mrs. Fannie Sander  
 (a) Residence No. R.F.D. # 11 St. 11 Ward 11  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28<sup>th</sup> 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>55</u>	<u>9</u>	<u>17</u>	<u>17</u>	<u>—</u>

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Nurse  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Co  
 (STATE OR COUNTRY)

10. NAME OF FATHER Mr. Held

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. L. B. Trukey  
 (Address) Cape Girardeau

15. FILED 1/16 1928 ecw REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

27  
17.3 B (duration) yrs. 8 mos. da.  
11 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hemorrhage of the bowels (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) H. H. Schuster, M. D.  
12/16 1927 (Address) Cape Girardeau 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 Lorraine Ceme. DATE OF BURIAL 12-16 1927

20. UNDERTAKER Al Binkhoff ADDRESS Cape Gir

Every item of migration 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.

