

24 1928

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

Do not use this space.

1365-a

1. PLACE OF DEATH

County JasperRegistration District No. 411File No. 323Township JaffinPrimary Registration District No. 2092Registered No. 323City Lovey(No. St. Johns Hospital)St. Ward

2. FULL NAME

(a) Residence, No. Lovey Sanders 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

Female white

4. COLOR OR RACE

Single

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

June 23-1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2311

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Bookkeeper

(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)

Mo

10. NAME OF FATHER

W. Sanders

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wentworth Ark

12. MAIDEN NAME OF MOTHER

F. Proxel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wentworth Ark

14.

INFORMANT (Address)

W. Sanders
Bates Spink

15.

FILED

19

7/24
W. Benson Clark

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Jan 27 1928

17.

I HEREBY CERTIFY, That I attended deceased from

that I last saw him July 23 1928, and that death occurred, on the date stated above, July 23 1928

THE CAUSE OF DEATH, AS FOLLOWS:

Acute nephritis. Grave Eicklor
ide of mercury poisoning
self administered with suicidal
intent.

CONTRIBUTORY (SECONDARY)

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)

R. M. Starnes

M. D.

7/23/28 (Address) 1000 E. 10th St. No. 1000

*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

Graveyard Mo7/24 28

20. UNDERTAKER

ADDRESS

Hurler & CoMo

K. 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.

PERMANENT RECORD

