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

Do not use this space.

5703

1. PLACE OF DEATH
County ~~Shelby~~ Monroe — Registration District No. 582 — File No.
Township Washington — Primary Registration District No. 5780 — Registered No. 17
City S ~~Kelbina~~ (No. ..., ... St. ..... Ward)

2. FULL NAME Willis Sansberry
(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: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Widowed~~ America Sansberry.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82 yrs	1	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Kentucky

PARENTS
10. NAME OF FATHER Lewis Sansberry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

14. INFORMANT X Gertrude Robison.
(Address) Shelbina Mo.

15. FILED Apr 10 1928 H. C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1928

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Feb 22, 1928, to ....., 19.... that I last saw him alive on Feb. 22, 1928, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral haemorrhage
[illegible]
(duration) ..... yrs. ..... mos. 14 hrs. ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) ..... 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 signs
(Signed) W. J. Smith, M. D
Feb 23, 1928 (Address) Shelbina, 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: Crooked Creek — DATE OF BURIAL: Feb. 23 1928

20. UNDERTAKER: Edna Peter — ADDRESS: Shelbina 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.

25 1928