

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

Do not use this space.

13681

1. PLACE OF DEATH

County Jasper
Township Carl Junction
City Carl Junction (No.)

Registration District No. 406
Primary Registration District No. 4240

File No. 8
Registered No. 8
St. Ward

2. FULL NAME Viola Alma Sanders

(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 28 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 0 6

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

9. BIRTHPLACE (CITY OR TOWN) Mt Vernon
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER George Reis

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

12. MAIDEN NAME OF MOTHER Barbara Betty

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

14. INFORMANT Mrs. W. Reis
(Address) Carl Junction Mo.

15. FILED April 17, 28 W. Roney
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-10-28 to Feb. 1st. 28 19... 19...
that I last saw her alive on Feb. 28, 19... and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
1 1/2 yrs
440
(duration) 2 yrs. mos. ds.

CONTRIBUTORY unknown
(SECONDARY) (duration) yrs. mos. ds.

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?
(Signature) W. Roney M.D.
April 11, 1928 (Address) Carl Junction 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 Carl Junction Mo. DATE OF BURIAL Apr 12 1928

20. UNDERTAKER Roney M.D. ADDRESS Carl Junction 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.

