

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

Do not use this space.

32624

1. PLACE OF DEATH

County *Adair*
Township *Salt River*
City (No.) St. Ward

Registration District No. *4*
Primary Registration District No. *5001*

File No.
Registered No. *156*
St. Ward

2. FULL NAME

Elsie Sangster

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 22-1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Invalid 13 9 27*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Canada*
(STATE OR COUNTRY)

10. NAME OF FATHER *Wm. Sangster*

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

12. MAIDEN NAME OF MOTHER *Mary (last name) Sangster*

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

14. INFORMANT *J. Sangster*
(Address) *Brookline, Mo.*

15. FILED *10/17 1928* *C. P. Becker*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10/8 1928*

17. I HEREBY CERTIFY, That I attended deceased from *June 5 1928*, to *Aug 21 1928*, that I last saw him alive on *Aug 21 1928*, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis + Valvular heart disease

CONTRIBUTORY *Had been insane + blind for years.*
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? *129 W*
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? DATE OF ...

20. WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. M. Humphreys, M. D.*
10/9 1928 (Address) *Brookline, 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 *Brookline Cemetery* DATE OF BURIAL *10/10 1928*

20. UNDERTAKER *F. R. Easley* ADDRESS *Brookline, 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.

1928

