

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

Do not use this space.

18506

JUN 28 1929

PLACE OF DEATH

County *Jasper*
Township *Jasper*
City *Jasper* (No.) (St.) (Ward)

Registration District No. *410*
Primary Registration District No. *4243*

File No.
Registered No. *14*

2. FULL NAME

James Malone Sanford

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 29 1849*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 7 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired 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) *New York*

10. NAME OF FATHER *Luther Sanford*

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

12. MAIDEN NAME OF MOTHER *Ruth Culver*

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

14. INFORMANT *Miss May Sanford*
(Address) *Kansas City Mo*

15. FILED *6-10 1929* *D. D. Johns* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/10 1929*
17. I HEREBY CERTIFY, That I attended deceased from *5/10 1929* to *5/10 1929* (that I last saw him/her alive on *5/10 1929*, and that death occurred, on the date stated above, at *3 P* m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute indigestion
92A
119C (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *Valvular disease of Heart* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DATE OF
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *W. H. Hendricks*, M. D.
, 19 (Address) *Jasper 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 *Mitchell Cem* DATE OF BURIAL *5/13 1929*
20. UNDERTAKER *Teeter Bros* ADDRESS *Jasper Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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