

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

Do not use this space.

5915

1. PLACE OF DEATH

County Peru
Township Cooter
City Cooter (No. St. Ward)

Registration District No. 636
Primary Registration District No. 5873

File No.
Registered No.

2. FULL NAME Kattie Sanchez

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-9-11

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>44</u>	<u>8</u>	<u>6</u>	<u>6</u>	

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) Hazlehurst
(STATE OR COUNTRY) Miss

PARENTS	10. NAME OF FATHER <u>Thos Ellis</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
	12. MAIDEN NAME OF MOTHER <u>Rachel Jackson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>

14. INFORMANT G. D. Sanders
(Address) Cooter mo

15. FILED 19..... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1930 to Feb 15, 1930 that I last saw him alive on Feb 13, 1930, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Bronchial Asthma

930
112 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) 3 yrs. mos. ds.

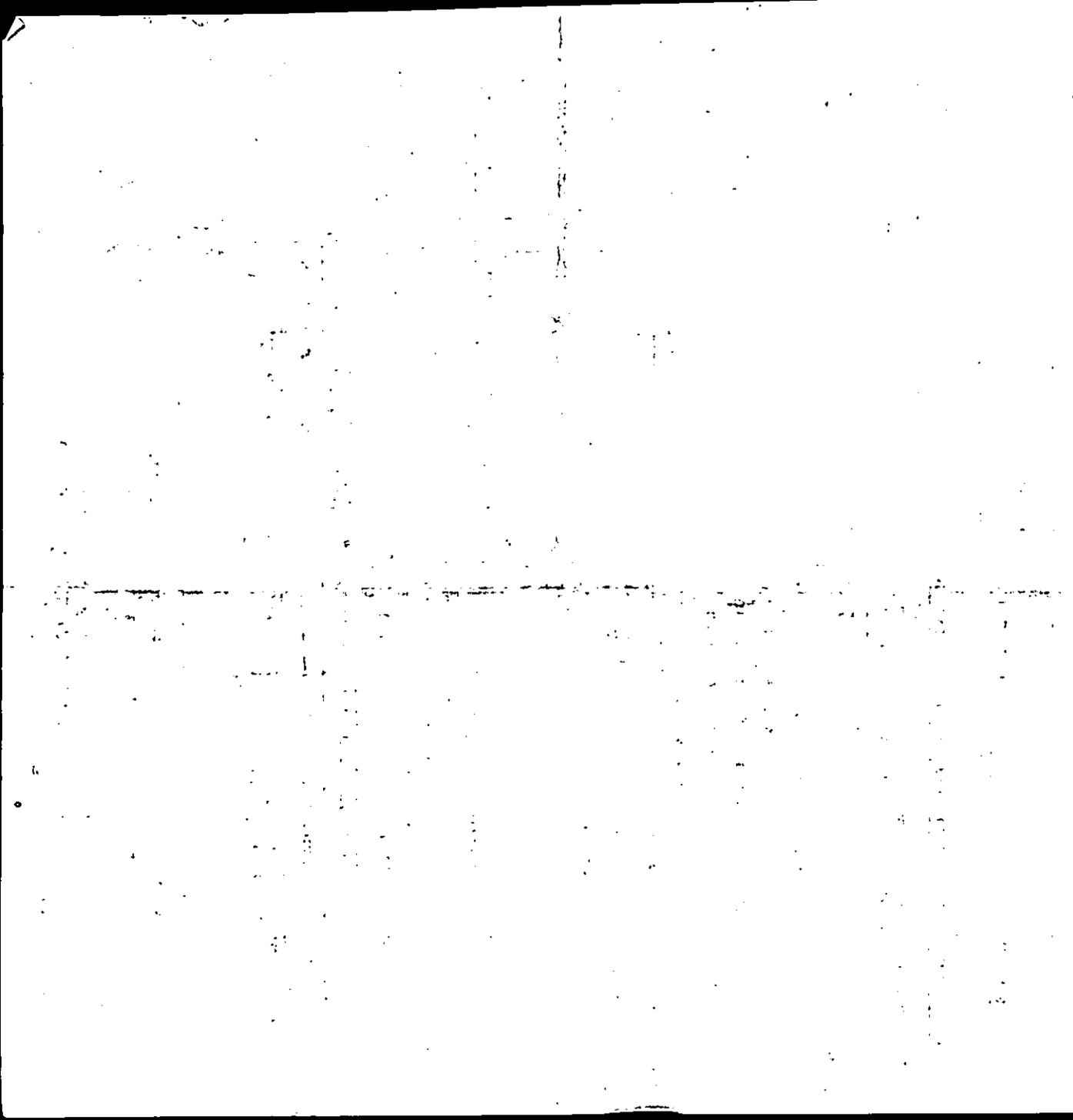
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) W. J. Blaine, M. D.
, 19 (Address) Blydenville, Ark.

*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 at mother's mo DATE OF BURIAL 2-16 1930

20. UNDERTAKER Larence Yermen ADDRESS Stella mo



INDEPENDENT CONTRACTOR'S REPORT
NAME OF CONTRACTOR: R. B. ...
ADDRESS: ...
CITY: ... STATE: ... ZIP: ...

DATE OF SERVICE: ...
TYPE OF SERVICE: ...

AMOUNT OF SERVICE: ...
DATE OF PAYMENT: ...

DATE OF REPORT: ...

PREPARED BY: ...

DATE OF REPORT: ...

5-5915-S