

MAY 27 1930

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

allie
Do not use this space.

13354

1. PLACE OF DEATH

County Miller
Township Saline
City Eldon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No.
Registered No. 23
St. Ward)

2. FULL NAME

William Thomas Sandfort

(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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 22

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

9. BIRTHPLACE (CITY OR TOWN) Cole Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frederick Sandfort

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Mrs Susan Wyrick

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

14. INFORMANT Edgar Sandfort
(Address) Jefferson City, Mo

15. FILED 6-6, 1930 Belle Haynes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, to Apr 18 1930
that I last saw him alive on Apr 17 1930, and that death occurred, on the date stated above, at 4 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic nephritis
131
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129a
(duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. L. Lattie, M. D.
. 19 (Address) Eldon 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 DATE OF BURIAL
Eldon, Mo 4-19 1930

20. UNDERTAKER ADDRESS
W A Phillips Eldon - 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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10/10/10

10/10/10