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

Do not use this space.

17597

1. PLACE OF DEATH
County: Dunklin
Township: Salem
City: ~~Senath~~ (No. ..... St. ..... Ward)
Registration District No. 290
Primary Registration District No. 5408
File No. .....
Registered No. 28

2. FULL NAME: Charotte Sandon
(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: Female
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: C. E. Sandon
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12, 1858
7. AGE: 72 YEARS, MONTHS: 7, DAYS: 19, If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer: X
9. BIRTHPLACE (CITY OR TOWN): New Town
(STATE OR COUNTRY): Ill
10. NAME OF FATHER: Martin Merit
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mary Jane Curry ~~Charotte Merit~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): New York
(STATE OR COUNTRY)
14. INFORMANT: Emmit Mucking
(Address): Senath Mo.
15. FILED: 6-1, 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 9 1931
17. I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to May 9, 1931 that I last saw her alive on May 9, 1931 and that death occurred, on the date stated above, at 10:00 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
93D Myocardial Insufficiency
97
102 730
(duration) Unknown yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Arteriosclerosis with Hypertension (duration) Unknown yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Unknown.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) A. Fleun Davis, M. D.
5-19, 1931 (Address) Senath, 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: Senath Cemetery
DATE OF BURIAL: May 11 1931
20. UNDERTAKER: McDaniel Furn Co
ADDRESS: Senath 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.

JUN 25 1931

...ENTER, WITH UNFADING INK—THIS IS A PERMANENT RECORD