

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

Do not use this space.

26000

**1. PLACE OF DEATH**

County Ray  
 Township Chaparrave  
 City Norbanad (No. ....)

Registration District No. 914  
 Primary Registration District No. 6235

File No. ....  
 Registered No. 6 St. .... Ward)

**2. FULL NAME** Geo. M. Sandy

(a) Residence, No. .... St. .... Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
72      2      28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME William Sandy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Susan Raleigh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. G. M. Sandy - Norbanad, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wakenda Church DATE July 29, 1931

19. UNDERTAKER (ADDRESS) Mr. John Kapschild - Norbanad, Mo.

20. FILED July 31, 1931 H. W. Gantz Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to July 27, 1931  
 I last saw him alive on July 26, 1931. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis  
930 (13) 10  
97 13 10

Date of onset ?

Other contributory causes of importance:  
General Arterio Sclerosis of marked degree

Name of operation none Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

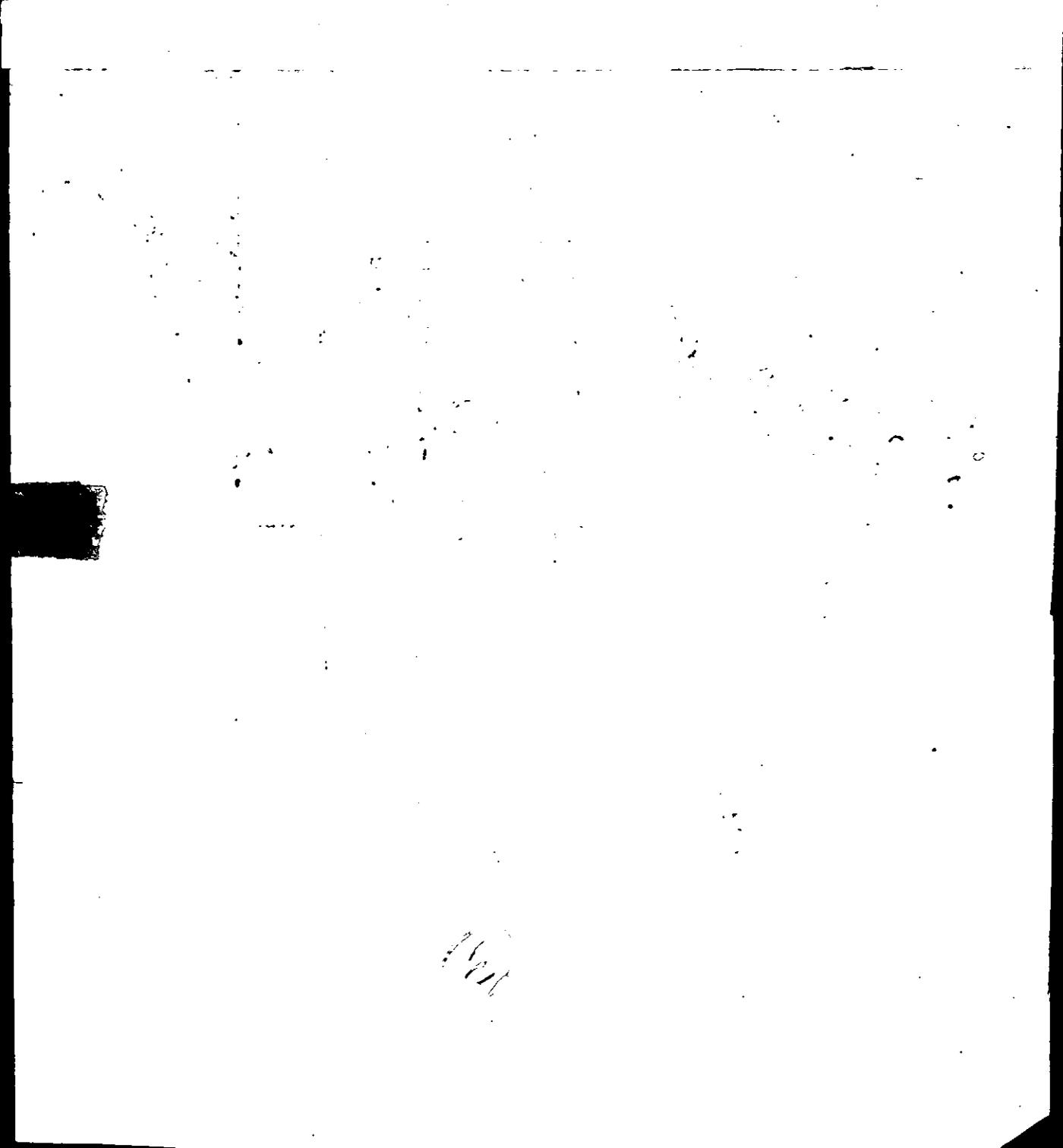
Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signed) Carl H. Reed, M. D.  
 (Address) Hardin Mo

Cause of death in plain terms, so that it may be properly classified. Exact statement of occupation, if very important. Action should be taken. AGs should be stated EXACTLY. PHYSICIANS should state.

AUG 29 1931



1001