

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.

REC 28 1931

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

Do not use this space.

38263

1. PLACE OF DEATH

County Macon
Township Lafayette
City Lafayette (No. _____)

Registration District No. 532
Primary Registration District No. 4318

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME Martha Bunch Sanders

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Sanders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17 - 1849</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>Valentine Cook</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Anna Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT <u>A. L. Bunch</u> (ADDRESS) <u>Lafayette Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lafayette Mo</u> DATE <u>Nov 17 1931</u>		
19. UNDERTAKER <u>T. Christie</u> (ADDRESS) <u>Lafayette Mo</u>		
20. FILED <u>Nov 17 1931</u> <u>C. B. Buckley</u> Registrar		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1931 to Nov 15 1931
I last saw him alive on Oct 13 1930, 1930 Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pericarditis, acute complicated with chronic nephritis
1941 1931
Other contributory causes of importance:
Bronchitis on right - they followed by splenitis at his age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Olga B. Hoffman M.D.
(Address) Lafayette Mo.

