

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

Do not use this space.

1570

1. PLACE OF DEATH

53 County Loefede Registration District No. 449
Township Labanon Primary Registration District No. 5609
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth Saunders
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 5 1899</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>9</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <u>School Teacher</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 _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
	13. NAME <u>William Saunders</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old y. a.</u>	
	15. MAIDEN NAME <u>Sarah Cargan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
	17. INFORMANT <u>George W. Saunders</u> (ADDRESS) <u>Labanon Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Labanon Cemetery</u> DATE <u>Jan 27 1932</u>		
19. UNDERTAKER <u>Holman & Stewart</u> (ADDRESS) <u>Labanon Mo</u>		
20. FILED <u>1/26 32</u> <u>J. M. Bailey</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1932, to Jan 26 1932
I last saw her alive on 1/16/32, 19____. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Injury
186A/86 C
194B/86 C
162
Other contributory causes of importance:
By a fall accidental
Sermety D

Date of onset	<u>10</u>
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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? No
If so, specify _____ (Signed) J. M. Couch, M. D.
(Address) Labanon, Mo.

FEB 24 1932

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.

