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.

FEB 24 1932

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

Do not use this space.

1. PLACE OF DEATH
4 County Holt — Registration District No. 371 — File No. 4465
4 Township Clay — Primary Registration District No. 4717 — Registered No.
2 City Maitland, Mo. No. ..... St. ..... Ward)

2. FULL NAME Mrs. Sarah M. Sanders.

(a) Residence. No. Maitland, Mo. 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 F
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 Widow of Aaron Sanders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1845

7. AGE — YEARS 86 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Binghamton N.Y. 2
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Mr. Wood.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown.

14. INFORMANT Mr. + Mrs. Fred Jones
(Address) Maitland, Mo.

15. FILED 2/6, 1932 M. D. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Feby 16, 1926 to Feby 4, 1932 that I last saw her alive on February 4, 1932, and that death occurred, on the date stated above, at 12 05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hypostatic Pneumonia

(duration) 2 yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

Several (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓ (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Ira Williams, M. D.

Feb 5, 1932 (Address) Maitland, 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 K. of P. Cemetery Maitland — DATE OF BURIAL 2/7 1932

20. UNDERTAKER Campbell Funeral Home — ADDRESS Maitland Mo.