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.

OCT 28 1932

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

Do not use this space.

1. PLACE OF DEATH
72 County New Madrid — Registration District No. 605 — File No. 29895
Township Como — Primary Registration District No. 5804 — Registered No.
City (No. , St. Ward)

2. FULL NAME Alberta Sanders
(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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10 - 1931
7. AGE: YEARS 1 — MONTHS 2 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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): Grenada Co. Miss

FATHER
13. NAME: Otie Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grenada Co. Miss

MOTHER
15. MAIDEN NAME: Gladys Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grenada Co. Miss

17. INFORMANT (ADDRESS): Otie Sanders, Parma Mo R.2.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Pilgrims Rest, DATE 9-17, 1932
19. UNDERTAKER (ADDRESS): W. L. Craig, Malden Mo.
20. FILED 9-17, 1932 Mrs C S Blackman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 16, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Sept 16, 1932
I last saw her alive on Sept 16, 1932. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Colitis — Date of onset
119 B
119 (1)
Other contributory causes of importance:
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) Geo W Husted, M. D.
(Address) Parma