

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

Do not use this space.

32370

3000

1. PLACE OF DEATH

County Jackson
Township Dean
City Kansas City

Registration District No. 399
Primary Registration District No. 0002

File No. 1
Registered No. 3000
St. _____ Ward _____

2. FULL NAME

Sanford William H. Sandford

(a) Residence, No. 817 E 13th St. 2 Ward 0

Length of residence in city or town where death occurred 40 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 Ruth Sandford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1890

7. AGE YEARS 42 MONTHS _____ DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 231

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) Missouri

13. NAME bank baby

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

15. MAIDEN NAME Emma Carey

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

17. INFORMANT Robert Clark (ADDRESS) K. S. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE 10/17 1922

19. UNDERTAKER Geo. J. Porter, Sons (ADDRESS) 15 E. Kans.

20. FILED 10/16 1932 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-26-1932 to 10-15-1932

I last saw him alive on 10-15-1932 Death is said to have occurred on the date stated above, at 1:00 P.m.

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

Chronic myocarditis
Chronic nephritis
131
131
Other contributory causes of importance:

Date of onset

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

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) P. E. Williams M. D.
(Address) Supr. K. S. General Hospital

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.

