

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

Do not use this space.

76

1. PLACE OF DEATH  
 County Coage Registration District No. 649  
 Township Curtzford Primary Registration District No. 3849  
 City (No. St. Ward)

File No. 40933

Registered No. 50

2. FULL NAME Harry Lee Sanford  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 36

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) Coage Mo

13. NAME Lee Sanford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coage Mo

15. MAIDEN NAME Bessie Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coage Mo

17. INFORMANT (ADDRESS) Herbert Cross San Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Judge Ins DATE Dec 19 1932

19. UNDERTAKER (ADDRESS) same

20. FILED Dec 19 1932 Miss Dorajett Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 18, 1932

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

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

Influenza

119  
1072/110

Other contributory causes of importance:

Pneumo. pneumonia

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

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) J. G. Cooper, M. D.

(Address) Leino Mo

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.

