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.

JUN 22 1933

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

Do not use this space.

12838

1. PLACE OF DEATH

32 County DeKalb — Registration District No. 259

Township Camden — Primary Registration District No. 5359 B

City Maysville (No. ..., ... St. ... Ward)

File No. ...

Registered No. ...

2. FULL NAME Sadie Everst 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: Female

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: Henry W. Saunders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 15 1858

7. AGE: Years 74 — Months 6 — Days 29 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Willsboro N.Y.

FATHER

13. NAME: Oscar F. Sheldon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Sarah C. Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montreal, Can.

17. INFORMANT (ADDRESS): Ruth Saunders Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL: Leabenon Cem. DATE 4/17 33, 19...

19. UNDERTAKER (ADDRESS): U. G. Pilcher Maysville Mo.

20. FILED 4-15, 1933 J. L. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1933, to 4-14, 1933.

I last saw her alive on 4-14, 1933. Death is said to have occurred on the date stated above, at 7 05 A.m.

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

Chronic Myocarditis with Decompensation 930

930

Other contributory causes of importance: Chronic Myocarditis

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

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) L. B. Knight, M. D.

(Address) Maysville Mo