

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

Do not use this space.

85

18924

1. PLACE OF DEATH

11 County Buchanan
5 Township St Joseph
9 City St Joseph

Registration District No. 1001
Primary Registration District No. State Hospital #2

File No. _____
Registered No. 616
St. _____ Ward _____

2. FULL NAME Ide Sanford

(a) Residence, No. _____ St. _____ Ward. Excelsior Springs, Mo
(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Sanford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Indiana, Decatur
English parentage

13. NAME D. Dennison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington
England

15. MAIDEN NAME McKusien

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

17. INFORMANT (ADDRESS) Records State Hospital
St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs DATE 6-15, 1933

19. UNDERTAKER (ADDRESS) John C. Bratter
Excelsior Springs Mo.
20. FILED John H. Reader
St Joseph Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1933
22. I HEREBY CERTIFY, that I attended deceased from July 15, 1932, to June 15, 1933.
I last saw him alive on June 15, 1933. Death is said to have occurred on the date stated above, at 8:55 a. m.

The principal cause of death and related causes of importance were as follows:
82VA
General Hemorrhage
97 gva
Other contributory causes of importance: _____

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) St Chilton Smith, M. D.
(Address) St Joseph 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.

JUL 20 1933

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MARGIN RESERVED FOR BINDING

V. S. NO. 2

