

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

Do not use this space.

1. PLACE OF DEATH

9 County St. Louis Registration District No. 790 File No. 20979
 Township Central Primary Registration District No. 6033 Registered No. _____
 City Clayton No. St. Louis County Hospital St. _____ Ward _____

2. FULL NAME

SANFORD James
 (a) Residence, No. South Killeck St. _____ Ward _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18. 61 unknown
 7. AGE YEARS 72 MONTHS _____ DAYS _____ IF LESS THAN 1 day, _____ hrs. or _____ min.

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) Henrieville Ky

13. NAME John Sanford

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Henrieville Ky

15. MAIDEN NAME W (unknown)

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

17. INFORMANT (ADDRESS) So Killeck Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Decker DATE 6/13 1933

19. UNDERTAKER (ADDRESS) English and Co 214 W 3rd St St. Louis

20. FILED June 13 1933 R. L. Killeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4 1933
 22. I HEREBY CERTIFY, That I attended deceased from 5/12 1933 to 6/4 1933
 I last saw him alive on 6/3 1933 Death is said to have occurred on the date stated above, at 4 A m.
 The principal cause of death and related causes of importance were as follows:

Septic peritonitis from strangulated intrabdominal hernia of lower ileum
 Date of onset 1/22 1933
 Other contributory causes of importance: Generalized arteriosclerosis
Leukemia
Small gangrene of foot

Name of operation amputation Date of 5/22/33
 What test confirmed diagnosis? Chm. & Aut. 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? No
 If so, specify _____

(Signed) B. C. Korshak, M. D.
 (Address) St. L. Co. Hosp. Clayton, 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.

