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.

SEP 26 1933

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

Do not use this space.

26532

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3275
City K.C.Mo. (No. 502 West 16th St. St. Ward)

2. FULL NAME Edith Winfield Sands
(a) Residence, No. 502 West 16th St. 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. E. Sands

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1887

7. AGE: YEARS 46 — MONTHS 6 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Kansas

FATHER
13. NAME: Peter G. Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Lillie Gobb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Chas. E. Sands, 502 West 16th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 8/17/33, 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc, K.C.Mo.

20. FILED 8/16, 1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/14/33, 19

22. I HEREBY CERTIFY That I attended deceased from Dyerity Brown, 19, 19
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at 6:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Acute Myocardial Infarction	

Other contributory causes of importance:
94B 93 Ac

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) [signature] M.D.
(Address) KCMO DEP-COR