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.

26928

1. PLACE OF DEATH

County: Lincoln — Registration District No.: 48 (~~57~~)

Township: Hamiltonian — Primary Registration District No.: 5649

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

File No.: .....

Registered No.: 31

2. FULL NAME: Eliza Ann Sanders

(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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 - 1853

7. AGE: Years 80 — Months 2 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Va

FATHER

13. NAME: Wm. P. Watts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Elvira Christian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT: J. E. Patts
(ADDRESS): Elsberry, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mill Creek Cem. DATE: Aug 18, 1933

19. UNDERTAKER: Geo. H. Wadhwa & Co
(ADDRESS): Eolia, Mo

20. FILED: ~~Aug 17, 1933~~ ~~B. M. Geck Deputy~~ 9-18-33 E. S. Boell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug. 16, 1933

I last saw h. alive on Aug 16, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

	Date of onset
Chronic myocarditis with failure.	

Other contributory causes of importance:

Angina pectoris & debility

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 ....., 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) A. E. Scott, M. D.

(Address) Elsberry, Mo.