

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

Do not use this space.

39382

1. PLACE OF DEATH

County New Madrid Registration District No. 605
 Township Portage Primary Registration District No. 5804
 City Falligona (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME

Alise Marie 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4, 1937</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>7</u>	<u>12</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>sal</u>			
	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) <u>mo</u>				
MOTHER	13. NAME <u>Geo. B. Sanders</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>			
	15. MAIDEN NAME <u>Cora Robert</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT (ADDRESS) <u>G. B. Sanders Falligona, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma</u> DATE <u>Sept 16, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>none</u>				
20. FILED <u>Sept 16, 1933</u> <u>Wm C. S. Beckwith</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Sept 16, 1933
 I last saw her alive on Sept 15, 1933 Death is said to have occurred on the date stated above, at 7 9 m.
 The principal cause of death and related causes of importance were as follows:
Colitis
9
1198
38
Whispering Cough
malaria
 Date of onset

Name of operation Clinical Date of 76
 What test confirmed diagnosis? Clinical 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 Gun Wounded

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Gun Wounded
 (Signed) Wm C. S. Beckwith, M. D.
 (Address) Parma, Mo

WRITE PLAINLY, WITH UNFADING INK

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.

OCT 20 1933

AT COURT

John D. ...
1882