

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

Do not use this space.

40459

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township DeWitt Primary Registration District No. 2002
 City DeWitt No. 1725 Parkway St. _____ Ward _____

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

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Sandridge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31 1861
 7. AGE YEARS 72 MONTHS 8 DAYS 9
 If LESS than 1 day, _____ hr. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
 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) Massena

13. NAME John Sandridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Mary Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE Garman DATE 12-12-33

19. UNDERTAKER (ADDRESS) DeWitt

20. FILED 12-11-33 1933 Registrar Jasper

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-2-23 to 11-26-33
 that saw him alive on 11-26-33 Death is said

to have occurred on the date stated above, at 2:58 p. m.

The principal cause of death and related causes of importance were as follows:
Ch. nephritis Date of onset _____

Other contributory causes of importance 131

Name of operation None Date of _____

What test confirmed diagnosis None 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 _____

Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Jos. L. Seaver, M. D.
 (Address) DeWitt, 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.

49
 57
 5-153

92

