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.

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

Do not use this space.

JAN 26 1934

1. PLACE OF DEATH
County St Clair
Township Butler
City ~~Lowry~~ City Mo (No. ..... St. ..... Ward)

Registration District No. 763
Primary Registration District No. 6005

File No. 41156
Registered No. 18

2. FULL NAME Margaret Elizabeth 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 13 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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Thomas Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31. 1853

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	16	

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) Near Warsaw Mo Benton Co

FATHER

13. NAME Not given
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not given

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not given

17. INFORMANT (ADDRESS) Elmer Sanders Lowry City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lowry City Cemetery DATE 12/17/ 33

19. UNDERTAKER H. Austin
(ADDRESS) Lowry City Mo

20. FILED ~~[illegible], 19~~ Dec 17/33 Leo F. Drumm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/ 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 12th 1933, to ~~Dec~~ 12/16 1933
I last saw her alive on Nov 9th 1933 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis with Cholecystitis with a probable malignant degeneration	

Other contributory causes of [illegible]
Old age [illegible] important contributing factor

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Cancer 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 ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Leo Theodore Wright, M. D.
(Address) Lowry City Mo