

FEB 27 1935

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

Do not use this space.

1. PLACE OF DEATH

County Rolla Co
Township 11
City Rolla (No. 4422)

Registration District No. 726
Primary Registration District No. 54-92

File No. 2228
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martha Ann Sauford
(a) Residence, No. New London St. _____ Ward _____
(Usual place of abode)

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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm R Sauford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 6 - 1840</u>		
7. AGE <u>93</u>	YEARS <u>2</u>	MONTHS <u>19</u>
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) <u>St Louis Mo</u>		
13. NAME <u>J. P. Weagless</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Elinor Hilleard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>B. M. Sauford</u> (ADDRESS) <u>New London Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New London</u> DATE <u>Jan 27 1935</u>		
19. UNDERTAKER <u>New London Mo</u> (ADDRESS)		
20. FILED <u>Jan 24 1935</u> <u>S. Ragon</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 6 1934 to Jan 25 1934
I last saw her alive on Jan 25 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
930
1077
Other contributory causes of importance:
Myocarditis
Date of onset 1-5-34

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) M. P. Waters, M. D.
(Address) New London Mo

