

SEP 6 1934

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

Do not use this space.

30198

1. PLACE OF DEATH

County Ray Registration District No. 605
Township George Primary Registration District No. 35804
City Garnia (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. 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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-34

7. AGE YEARS MONTHS DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Mo.

13. NAME Leland Sanders

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

15. MAIDEN NAME Rosa Tucker

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

17. INFORMANT (ADDRESS) Anna Sanders
Garnia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Halden DATE 8-8 1934

19. UNDERTAKER (ADDRESS) Hill Bros.
Lithium, Mo.

20. FILED 9-1 1934 D. Howard Justis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934, to Aug 7, 1934
I last saw her alive on Aug 7, 1934 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Jauundice
10/6/34
10/12/34
Other contributory causes of importance:
Bronchitis

Date of onset 8-5-34

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) Dr. John Besh, M. D.
(Address) Parusa, Mo.

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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.

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