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.

SEP 21 1934

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

Do not use this space.

30268

1. PLACE OF DEATH
County Oregon — Registration District No. 632 — File No.
Township ~~Thayer~~ — Primary Registration District No. 4382 — Registered No. 41
City Thayer (No. , St. Ward)

2. FULL NAME Betty 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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1851

7. AGE — YEARS 82 — MONTHS 10 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Smith field N.C.

FATHER
13. NAME Worley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uknown

MOTHER
15. MAIDEN NAME Uknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uknown

17. INFORMANT (ADDRESS) Walt Sanders Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem DATE Aug 9 1934

19. UNDERTAKER (ADDRESS) Leo Carr Thayer, Mo.

20. FILED Aug 18 1934 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from August, 1934, to Aug 8, 1934
I last saw her alive on Aug 8, 1934. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
75C	

Other contributory causes of importance

75C

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) F A Barnes, M. D.
(Address) Thayer Mo.

Barnes.