

Shelton

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

Do not use this space.

APR 3 1935

6081

1. PLACE OF DEATH

County Muler Registration District No. 561
Township Primary Registration District No. 4330
City Cedars (No.) St. Ward
Registered No. 14

2. FULL NAME

Lucretia Jane 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 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 8

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) Indiana

13. NAME William B. Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.V.

15. MAIDEN NAME Elizabeth Edmundson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.V.

17. INFORMANT Hugh Sanders

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedars DATE 2-2 1935

19. UNDERTAKER Phillips Funeral Home

(ADDRESS) Cedars, W.V.

20. FILED 2-2 1935 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934, to Feb 1, 1935

I last saw him/her alive on Feb 1, 1935. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix
& Metastasis

Other contributory causes of importance: 48

Name of operation Date of No

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?

If so, specify

(Signed) E. Shelton, M. D.

(Address) Eldon 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.

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