

WRITE CAREFULLY, 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.

MAY 25 1935

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

Do not use this space.

12543

1. PLACE OF DEATH

County GREENE

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 2001

Registered No. 94

City SPRINGFIELD MO (No. 520 N. Lexington St. _____ Ward _____)

2. FULL NAME MARY ELLEN SANDERS

(a) Residence, No. 520 N. Lexington 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 (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 6th 1844

7. AGE YEARS 91 MONTHS 3 DAYS 12 If less than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

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) MISSOURI (STATE OR COUNTRY)

13. NAME WILLIAM SANDERS

14. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

15. MAIDEN NAME WICKHAM

16. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

17. INFORMANT R. E. Thurman (ADDRESS) Republic, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Delaware DATE April 19 1935

19. UNDERTAKER R. E. Thurman (ADDRESS) Republic Mo

20. FILED 4-19-35 Rurban gator Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 1935, to April 18 1935.
First saw her alive on April 18 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Robert Tuberculosis Date of onset 11-14-33

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical exam Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) Walter S. Lemell, M. D.

(Address) Springfield Mo

