

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

Do not use this space.

SEP 18 1935

25667

**1. PLACE OF DEATH**

County Bancroft Mo

Registration District No. 85

Township

Registrar Registration District No. 1001

City St Joseph

No. State Hosp # 2

File No. \_\_\_\_\_

Registered No. 886

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Nellie Sandberg St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Grundy County

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 21 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 Albert Sandberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 0 15

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) unknown  
(STATE OR COUNTRY) Massachusetts

13. NAME James A Williams

14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Virginia

15. MAIDEN NAME Joice Flowers

16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Traylor Mo DATE Aug 26 1935

19. UNDERTAKER (ADDRESS) Wentworth Mo

20. FILED 8-25-35 John R Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to August 25, 1935.

I last saw h. or alive on August 24, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Branchial Pneumonia

Date of onset July 7 1935

Other contributory causes of importance: Fracture of hip - accidental from a fall

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-7-1935

Where did injury occur? St Joseph (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. hospital

Manner of injury Fall on floor

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Allen Smith M. D.

(Address) St Joseph Mo

N. B.—Every item of information should be carefully classified. 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.

