

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

Do not use this space.

25861

AUG 24 1935

1. PLACE OF DEATH

County Madison

Registration District No. 154

File No. ....

Township Garden City

Primary Registration District No. 42.85

Registered No. ....

City Garden City (No. ....) St. .... Ward)

2. FULL NAME Mary Price Saunders

(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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 1867

7. AGE

YEARS 67

MONTHS 10

DAYS 2

IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Platt Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER James P Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Platt Co Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emily Otter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lynchburg Ky  
(STATE OR COUNTRY)

14. INFORMANT Grace M Cliphart  
(Address) Garden City Mo

15. FILED Aug - 6 1935 Frank B Ellis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 6 1935

17. I HEREBY CERTIFY, That I attended deceased from April 17 1935 to Aug - 6 1935 that I last saw him alive on Aug - 5 1935 and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Liver  
NO  
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Gall bladder disease  
(duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Independence Mo  
IF NOT AT PLACE OF DEATH. Yes

DID AN OPERATION PRECEDE DEATH. no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical tests of fluid  
(Signed) Frank B Ellis, M. D.

, 19 (Address) Garden City Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clifton Kansas DATE OF BURIAL Aug - 7 - 1935

20. UNDERTAKER George Corson ADDRESS Independence Mo.

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.

