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.

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

MAR 25 1936

Do not use this space.

7451

1. PLACE OF DEATH
County: Ste. Gen.
Township: Ste Genevieve
City: Ste Genevieve (No. ..... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 4466

File No. .....
Registered No. 11

2. FULL NAME: Idabell Sandman

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: William Sandman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 8, 1858

7. AGE: Years 78 | Months 0 | 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 wife
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): Merritt Missouri

FATHER
13. NAME: Andrew Farley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER
15. MAIDEN NAME: Maryland Read
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

17. INFORMANT: Cora Bradley
(ADDRESS) Ester Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bismarck Mo DATE: Feb 24th, 1936

19. UNDERTAKER: Leo C. Bader
(ADDRESS) Ste Genevieve Mo

20. FILED: Feb 23, 1936 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936, to Feb 22, 1936
I last saw h.er alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy).	2-17-36
Final	
Other contributory causes of importance:	
Arterio Sclerosis	1927

Name of operation ..... 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? ..... 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? NO
If so, specify .....
(Signed) Arthur E. Spauer, M. D.
(Address) Ste Genevieve Mo