J.R.R.

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 9498

Township — Primary Registration District No. 3007 — Registered No. 77

City Poplar Bluff (No. Main & Alice Sts. St. Ward)

2. FULL NAME Lillian Stovall Sanford

(a) Residence, No. 815 Alice St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ollie Sanford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1915

7. AGE: YEARS 21 — MONTHS 1 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Corinth Mississippi

FATHER

13. NAME: George Stovall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER

15. MAIDEN NAME: Mary Clegg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Ollie Sanford, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corinth, Miss. DATE 3/9/36, 19

19. UNDERTAKER (ADDRESS): Frank Und. Co. Poplar Bluff, Mo.

20. FILED 3/9, 1936 O. G. Lutsinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 5, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19...., to ....., 19....

I last saw her alive on ....., 19.... 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
Internal hemorrhage from 38 calibre pistol wound thru chest.	3/5/36

Other contributory causes of importance:

Name of operation ..... Date of .....

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? HOMICIDE Date of injury 3-5, 1936

Where did injury occur? Poplar Bluff Mo. (Specify city or town, county, and State)

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

Manner of injury Shot by 38 pistol

Nature of injury Pistol shot wound

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

If so, specify .....

(Signed) J. Richard Reynolds, M.D. Coroner

(Address) Poplar Bluff

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.

100M-3-28-35