

MAY 22 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15966

1. PLACE OF DEATH

County Madison
Township Lalata
City Lalata (No. _____)

Registration District No. 627
Primary Registration District No. 7218

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Elizabeth Frances Sameders

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 OF (OR) WIFE OF William Sameders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 10 2th

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data 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) Mo.

FATHER 13. NAME Robert Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin

MOTHER 15. MAIDEN NAME Mary Ann Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Leslie C. Saunders
610 Queen Anne Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Lalata DATE April 16, 1936

19. UNDERTAKER (ADDRESS) Dr. J. Christie
Lalata, Mo.

20. FILED 4/16 1936 Dr. D. B. Hoff
Lalata, Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1936

22. I HEREBY CERTIFY, that I attended deceased from Apr. 13, 1936 to Apr. 14, 1936

I last saw her alive on Apr. 13, 1936 Death is said to have occurred on the date stated above, at 7 P.M.

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

Chronic myocarditis
936

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) C. S. Buckley, M. D.
(Address) Lalata, 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.

