

MAR 24 1937

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

Do not use this space.

7606

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. 50
Township _____ Primary Registration District No. 3032 Registered No. 668
City Sedalia (No. 700 West 3rd. St. _____ Ward _____)

2. FULL NAME Martha Saunders

(a) Residence, No. 700 West 3rd. 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 Samuel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
99 76 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mo.13. NAME J.W. Howell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Cynthia Owens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Fay Saunders
(ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Otterville, Mo. DATE Feb. 17, 193719. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.20. FILED 2-17-37 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937, to Feb 15, 1937.
I last saw him alive on Feb 15, 1937. 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:

Bumby - Mummery
folly infirm

Date of case
Feb. 9
1937

Other contributory causes of importance
mys. condition

Name of operation none Date of _____
What test confirmed diagnosis? Cholera 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) Chas. M. Mummery, M. D.
(Address) Sedalia, 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.

OCCUPATION
FATHER
MOTHER

