

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

Do not use this space.

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Caldwell Primary Registration District No. 5754
 City _____ (No. 2) _____ St. _____ Ward _____

2. FULL NAME Laura Sanders
 (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)

File No. 19644
 Registered No. 622

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 James E. Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/17/1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
35	68	9	9	

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** _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937, to May 26, 1937
 I last saw h. u. alive on May 22, 1937. Death is said to have occurred on the date stated above, at 6-30 P.
 The principal cause of death and related causes of importance were as follows:

Pericarditis Arteriosclerotic

Date of onset 1/3/35

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME William Whittington

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

15. MAIDEN NAME Susan Baldwin

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

17. INFORMANT (ADDRESS) Clinton Sparks
New Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dixie, Mo. DATE 5/28/1937

19. UNDERTAKER (ADDRESS) Ray A. Holt,
New Bloomfield, Mo.

20. FILED June 10, 1937 *W. H. Sparks* Registrar.

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? Yes
 If so, specify _____
 (Signed) *W. H. Sparks*, M. D.
 (Address) *New Bloomfield, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **PHYSICIANS should state EXACTLY.** AGF should be **carefully supplied.**

JUN 17 1937

