

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**

Do not use this space.

**JUN 28 1937**

1. PLACE OF DEATH  
 County Reynolds Registration District No. 748  
 Township Logan Primary Registration District No. 6982  
 City..... (No.....) St..... Ward.....  
 File No. 21129  
 Registered No.....

2. FULL NAME Sylvia Sanders  
 (a) Residence, No..... St..... Ward.....  
 (Usual place of abode) Life (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Stanley Sanders  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 26, 1917  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
35 19 8 16  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
 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) Reynolds  
 13. NAME George Vineyard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co.  
 15. MAIDEN NAME Essie Magnus  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co.  
 17. INFORMANT Stanley Sanders (ADDRESS) Reynolds Co.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Helvey Cemetery DATE April 12, 1937  
 19. UNDERTAKER Croy (ADDRESS) Van Buren, Mo.  
 20. FILED June 14, 1937 Essie Evans Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1937 to Apr. 11, 1937  
 I last saw her alive on Apr. 11, 1937. Death is said to have occurred on the date stated above, at 9 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Eclampsitic convulsions Date of onset 4-11-37  
 140  
 Other contributory causes of importance:  
Pregnancy and labor at term  
 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) W. F. Burton, M. D.  
 (Address) Van Buren, Mo.

SEP 1 1947