

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.

JUL 29 1937

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

Do not use this space.

24163

1. PLACE OF DEATH

County **Lewis**
Township **Union**
City **La Grange** (No. St. Ward)

Registration District No. **480**
Primary Registration District No. **4289**

File No.
Registered No. **13**

2. FULL NAME

Laura Sanderson

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 6 1937**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 28, 1871**

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **10:30 a.m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 8

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**

Angina Pectoris Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

found when sleep (cause known on history) 2 attacks

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **White Rock Mo.**

13. NAME **W.T. Brown**

Name of operation **none** Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

What test confirmed diagnosis? Was there an autopsy? **Yes**

15. MAIDEN NAME **Not known**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT **Tom Sanderson** (ADDRESS) **La Grange, Mo.**

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE **La Grange** DATE **June 8th 1937**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER **A.A. Roberts** (ADDRESS) **La Grange, Mo.**

(Signed) **W. S. Kelley** M. D.

20. FILED **June 8 1937** **W. S. Kelley** Registrar.

(Address) **La Grange, Mo.**

