

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Washington*
Township *North Grove*
City (No.) St. Ward)

Registration District No. *708*
Primary Registration District No. *6222*

File No. *25187*
Registered No. *26*

2. FULL NAME

Alice Bentley Sanborn

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *8* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 16 - 1848*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
35 86 5 26

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.

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) *Theresa N. York*

13. NAME *Harley Parker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson*

15. MAIDEN NAME *Jane Gump*

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

17. INFORMANT (ADDRESS) *Mrs. J. D. George*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hill Crest* DATE *6-14-* 19*37*

19. UNDERTAKER (ADDRESS) *Better Funeral Home*

20. FILED *6-15-* 1937 *Bernice Matzinger* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-10* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *May 1 -* 1937, to *June 10 -* 1937. I last saw her alive on *June 10*, 1937. Death is said to have occurred on the date stated above, at *5 a.m.*

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

Other contributory causes of importance:
118

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) *R. A. Ryan* M. D. (Address) *.....*

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.

