

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
Township Wynona
City Charleston

Registration District No. 566
Primary Registration District No. 5762

File No. 34799

Registered No. 164

2. FULL NAME

Lucile Sanders (Steelborn)

(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

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-15-1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
<u>Steelborn</u>		<u>0</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Charleston, Mo
(STATE OR COUNTRY)

13. NAME Illegitimate

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

15. MAIDEN NAME Gladye Sanders

16. BIRTHPLACE (CITY OR TOWN) Vance, Miss
(STATE OR COUNTRY)

17. INFORMANT Laura Parker
(ADDRESS) Charleston, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Sept 16, 1937

19. UNDERTAKER Private
(ADDRESS)

20. FILED 9-16-1937 F. D. Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Steelborn, 1937

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Steelborn
Cause unknown

Other contributory causes of importance:

Name of operation None 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? No

If so, specify _____

(Signed) Laura Parker M. D.

(Address) Charleston, 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.

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