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.

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 40753

Township: — Primary Registration District No.: 1004 — Registered No.: 1310

City: St. Joseph. (No. 816 No. 25th. St. St. Ward)

2. FULL NAME Rose Ann Sanborn

(a) Residence, No. 816 No. 25th. St. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred C. Sanborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr, 16, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	7	13	

OCCUPATION

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

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): Fulton, Mo.

FATHER

13. NAME: Daniel Sartor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Germany

MOTHER

15. MAIDEN NAME: Elizabeth Neff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton, Mo.

17. INFORMANT (ADDRESS): Mrs. Lena M. Mock, Portland, Oregon.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Ottumwa, Iowa. DATE: Nov. 30, 1937

19. UNDERTAKER (ADDRESS): Walter Minnhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 11-30, 1937 H. J. Nettlebush, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 29, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov. 29, 1937

I last saw her alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 8.15 m. A.M.

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

Acute Coronary thrombosis — Date of onset: few minutes

94B

Other contributory causes of importance: Heart disease Arteriosclerosis Coronary sclerosis ?

Name of operation: none — Date of:

What test confirmed diagnosis? Findings — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — 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) H. W. Earle, M. D.

(Address) Phys. & Surg. Bldg. St. Joseph, Mo.