DEC 15 1937

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

Do not use this space.

File No. 40828
Registered No. 270

1. PLACE OF DEATH
County: Calloway
Township: Fulton
City: ..... (No. ..... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 5153

2. FULL NAME: Louisa Sanders
(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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1860

7. AGE: Years 76 | Months 0 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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): Missouri

FATHER
13. NAME: John Fleming
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Nelia Baysinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Sidney Sanders
(ADDRESS): St Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hillcrest Cemetery DATE: Nov 21, 1937

19. UNDERTAKER: Leo G. Wallace
(ADDRESS): Fulton, Mo.

20. FILED: Nov 19, 1937 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apl. 10, 1936 to Nov. 19, 1937
I last saw her alive on Nov. 12, 1937. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
Other contributory causes of importance: Bronchial asthma	

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) G. W. Ferguson, M. D.
(Address) Fulton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.