

DEC 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Franklin  
Township Greenton  
City Greenton (No. 1)

Registration District No. 328  
Primary Registration District No. 3017

File No. 41357  
Registered No.        St.        Ward       

## 2. FULL NAME

Charles Floyd Sandlin

(a) Residence, No. Greenton R. 1. No. #2 St. Ward.         
(Usual place of abode)

Length of residence in city or town where death occurred 3 mos. ds. How long in U. S., if of foreign birth?        mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9, 1879

7. AGE YEARS 57 MONTHS 11 DAYS 26 If LESS than 1 day,        hrs. or        min.

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

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) Nov 7 11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) Merced County Mo (STATE OR COUNTRY)

13. NAME Robert Sandlin

14. BIRTHPLACE (CITY OR TOWN) Madison Township Greenton Mo (STATE OR COUNTRY)

15. MAIDEN NAME Martha Jane Pengro

16. BIRTHPLACE (CITY OR TOWN) Merced County Mo (STATE OR COUNTRY)

17. INFORMANT ma m. f. Ellis (ADDRESS) Greenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE Nov. 7 1937

19. UNDERTAKER Hamley Funeral Home (ADDRESS) Greenton Mo

20. FILED 11-6 1937 Genevieve Fair Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 Nov 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 Nov 1937 to 5 Nov 1937

I last saw h        alive on 5 Nov 1937 Death is said

to have occurred on the date stated above, at 10:45 pm

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

Arteriosclerosis

Date of onset Do not know Probable 2 or 3 months

Other contributory causes of importance: MI

Name of operation History & signs Date of       

What test confirmed diagnosis?        Was there an autopsy? no

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) E. A. Duffy M. D.

(Address) Greenton 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.

