

**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

Township St Joseph

Primary Registration District No. 100

City St Joseph (No. 2116 Chlor)

File No. 2035

Registered No. 13

St. Chlor Ward 13

2. FULL NAME

(a) Residence, No. 2116 Chlor St Joseph Ward. Chlor

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Grant Ackers

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

Feb. 11-1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

69

10

23

OCCUPATION

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

House keeping

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)

Washington Co. Pa.

13. NAME

Samuel B. Livingston

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

Pennsylvania

15. MAIDEN NAME

Sarah S. Sanner

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

Pennsylvania

17. INFORMANT (ADDRESS)

Elizabeth S. Sanner
Candor Point Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Candor Point DATE Jan 7-1938

19. UNDERTAKER (ADDRESS)

William Harris
Dea. S. Sanner

20. FILED

Jan 5 1938 St. Joseph By J. C. Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 4-1938

22. I HEREBY CERTIFY That I viewed deceased from

Jan 4th 1938 to Jan 4th 1938

I last saw him alive on Jan 4th 1938 Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Chronic Myocarditis

Date of onset 1935

RECEIVED

FEB 21 1938

Other contributory causes of importance None

**BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH**

Name of operation History Date of no

What test confirmed diagnosis? History 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 no

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) R. W. Tadlock Coroner 4 M. D.

(Address) King Hill Bldg

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.

