

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Independence (No. 2031 Sterling) St. Ward

File No. 2993
 Registered No. 4

2. FULL NAME

Walter S. Sanforth 516
 (a) Residence, No. 2031 Sterling St. Ward

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. (If nonresident, give city or town and State)

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 Elizabeth Sanforth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 - 1902
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dealer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Him self
 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) Kansas City, Missouri

13. NAME Hugh Gavenport
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Hill, Missouri

15. MAIDEN NAME Ada Hunt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemore, Missouri

17. INFORMANT (ADDRESS) Elizabeth Sanforth, 2030 Sterling

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mound Grove Jan 4 38

19. UNDERTAKER (ADDRESS) George C. Carson, Independence

20. FILED 1-11-38 J. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938
 22. I HEREBY CERTIFY that I attended deceased from Jan 2 1938 to Jan 2 1938
 I last saw him alive on Jan 1 1938 Death is said to have occurred on the date stated above, at 12306
 The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 12/1
 Other contributory causes of importance: Acute appendicitis 12/1

Name of operation appendectomy Date of 12/2/38
 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
 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 Artd. W. Smith
 (Signed) Fairmount, Mo. M. D.
 (Address) Fairmount, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH