

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.

REC'D JUL 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County LorraineTownship Greene

City

(No.)

St.

Ward)

2. FULL NAME Daisy Yvonne Sanders(a) Residence, No. 111

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.

22270

File No.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-38

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 6 hrs. or min.

OCCUPATION

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

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) Lorraine Co. Mo.
(STATE OR COUNTRY)

FATHER

13. NAME Homen Sanders14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Oluma Catron16. BIRTHPLACE (CITY OR TOWN) Oklahoma
(STATE OR COUNTRY)17. INFORMANT Homen Sanders
(ADDRESS) Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Red OakDATE 6-6-3819. UNDERTAKER Morris Feiman
(ADDRESS) Miller Mo.20. FILED 770

1938

JUL 22

1938

V. S. BERRY

Registrar

420

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-38

22. I HEREBY CERTIFY, That I attended deceased from

19.....

to

19.....

I last saw h. alive on

19.....

Death is said

to have occurred on the date stated above, at.....m.

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

Lived 6-1/2 hrs.
Premature -
8 mos.

Date of onset

Other contributory causes of importance:

154-

Name of operation

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)

W. S. Berry, M. D.(Address) Miller Mo.for

