REC'D NOV 14 1938

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

Do not use this space.

File No. 36266

Registered No. 263

1. PLACE OF DEATH

County: Marion

Township: Mason

City: Hannibal (No. 1919 Gordon St. Ward)

Registration District No. 5247

Primary Registration District No. 3029

2. FULL NAME: Emma E Sanders

(a) Residence, No. 1919 Gordon 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: Female

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1857

7. AGE: Years: about 81 | Months: | Days: | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Monroe City Mo

FATHER

13. NAME: James Hale

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

MOTHER

15. MAIDEN NAME: No Record

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

17. INFORMANT (ADDRESS): James Sanders 1919 Gordon St

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Robinson DATE: Sept 29, 1938

19. UNDERTAKER (ADDRESS): Geo E Roberts Hannibal Mo

20. FILED: Oct 7, 1938 H. C. Crooker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938, to Sept 28, 1938

I last saw her alive on Sept 28, 1938. Death is said to have occurred on the date stated above, at 5:30 pm

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

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: DS

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) R. W. Todd, M. D.

(Address) 488 Hannibal 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.

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