

REC'D JAN 24 1939

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

Do not use this space.

43780

1. PLACE OF DEATH

64 County Marion
Township Hound Grove
City Emerson (No. _____)

Registration District No. 551
Primary Registration District No. 5774

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME 516 Ella Norine Sanford

(a) Residence, No. Emerson, Mo. St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. 0 mos. 21 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
39 0 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Marion County, Mo.

MOTHER 13. NAME Lucillus Sanford

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

MOTHER 15. MAIDEN NAME Eva Bowles

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

17. INFORMANT L. Sanford
(ADDRESS) Emerson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emerson Cemetery DATE 1/1/39

19. UNDERTAKER (ADDRESS) Lewis Bros 491 Palmyra, Mo.

20. FILED 1,4 1939 J. M. Crebs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Dec 30, 1938
I last saw him alive on 2 weeks ago, 1938. Death is said to have occurred on the date stated above, at 8:25 m. p.m.

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

Cerebral Anoxia Date of onset _____

Other contributory causes of importance:

Myocarditis of heart

Name of operation Thrombectomy of coronary artery Date of operation Dec 30, 1938

What test confirmed diagnosis? ECG 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 _____, 1938

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. Bowles, M. D.

(Address) Emerson, 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.

