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.

JUL 14 1939

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

Do not use this space.

1. PLACE OF DEATH
County Chariton 2
Township Chariton 1
City ..... (No. ..... St. ..... Ward)

21

Registration District No. 175
Primary Registration District No. 5248

File No. 21847
Registered No. 27

2. FULL NAME Emma Elizabeth Sauder
(a) Residence, No. St Louis Mo. 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. 1 mos. 5 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1893
7. AGE: YEARS 46 MONTHS 5 DAYS 30 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) May 12, 1939
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Green Mo.

FATHER
13. NAME Frederick Sauder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Green Mo.

MOTHER
15. MAIDEN NAME Matilda Kloehn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Green Mo.

17. INFORMANT (ADDRESS) Fred Sauder Forest Green
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Green DATE July 2, 1939
19. UNDERTAKER (ADDRESS) Walker Dunsley Glasgow Mo.
20. FILED 7-1 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 31, 1939, to June 30, 1939
I last saw her alive on June 30, 1939 Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas (Clinical symptoms began about	Mar 1, 1939

Other contributory causes of importance: None 46

Name of operation None Date of —
What test confirmed diagnosis? Clinical sign 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) F. L. Harms, M. D.
163 (Address) Salisbury Mo

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/11/39