REC'D JUL 14 1939

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

Do not use this space.

22672

File No.

Registered No. 38.

1. PLACE OF DEATH

64 County: Marion 2

Township: ~~Liberty~~ 1

Registration District No. 548.

Primary Registration District No. 4323.

2 City: Palmyra (No. ..., ... St. ..... Ward)

0 516

2. FULL NAME: Mary Dudley Sanford

(a) Residence, No. Palmyra, 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 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. S. Sanford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	7	11	

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.

FATHER

13. NAME William Dudley 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

MOTHER

15. MAIDEN NAME Georgia Davis 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

17. INFORMANT (ADDRESS) Dudley Sanford Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 6/25/39, 19

19. UNDERTAKER (ADDRESS) Lewis Brod Palmyra, Mo.

20. FILED June 24 1939 Bertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1939, to June 23, 1939

I last saw h.e alive on June 22, 1939. Death is said to have occurred on the date stated above, at 6:a.m.

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

	Date of onset
Arterial Thrombosis	June
99 W	

Other contributory causes of importance:

Some other thing, Fever, Weakness & Sclerosis Arteries

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) W. H. Roseman, M. D.

(Address) 489 Palmyra 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.