FILED NOV 21 1941

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

Do not use this space.

File No. 34581

Registered No.

1. PLACE OF DEATH

County: Carter — Registration District No. 143

Township: Carter — Primary Registration District No. 5205

City: / (No. ..., St. ..., Ward)

2. FULL NAME Laura Emeline Sanders,

(a) Residence, No. Rural 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hiram Franklin Sanders-

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25th, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
55	3	23	

OCCUPATION

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

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) Feb. 40 — 11. Total time (years) spent in this occupation 45 Yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

FATHER

13. NAME Wm. Riley Dawson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

MOTHER

15. MAIDEN NAME Sarah Ann Snider,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

17. INFORMANT Glover Dawson,
(ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE House Creek Cem. DATE 9-20-41, 19

19. UNDERTAKER Leuckel Funeral Service
(ADDRESS) Van Buren, Mo.

20. FILED 9-19-, 1941 T.W. Cotton, T.W. Cotton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-41, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14th, 1940 to Sep. 18th, 1941

I last saw her alive on Sep. 18th, 1941. Death is said to have occurred on the date stated above, at 7 P.m.

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

	Date of onset
Chronic Interstitial Nephritis, & Mitral Regurgitation	

Other contributory causes of importance: 310

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? No

If so, specify

(Signed) M. Cotton, M. D.

(Address) Van Buren, 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.

RECEIVED
District Health Officer No. 8,
District File Number 104/2043
Date Filed