

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

Do not use this space.

9403

**1. PLACE OF DEATH**

County Jasper  
Township Joplin  
City Joplin, Mo. (No.       )

Registration District No. 911  
Primary Registration District No. 2002

File No.         
Registered No. 166  
St.        Ward       

**2. FULL NAME**

Mrs. Selia Sandford  
(a) Residence No. Berman No. 3 Ward         
(Usual place of abode)

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 W.H. 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) Mar 24 1864

7. AGE YEARS MONTHS DAYS 59        2 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School teacher  
(b) General nature of industry, business, or establishment in which employed (or employer)         
(c) Name of employer       

9. BIRTHPLACE (CITY OR TOWN) Paris  
(STATE OR COUNTRY)

10. NAME OF FATHER Daniel R. Sandford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rossville  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Howard Sandford  
(Address) Joplin, Mo.

15. FILED 3/31 1928 Dr. W. W. Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928 to Mar 30, 1928 that I last saw him alive on Mar 30, 1928, and that death occurred, on the date stated above, at 10:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis  
Secondary  
CONTRIBUTORY Pneumonia  
(SECONDARY) (duration) yrs. mos. ds. 10 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?       

DID AN OPERATION PRECEDE DEATH?        DATE OF       

WAS THERE AN AUTOPSY?       

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. A. Chugworth, M.D.  
3/30, 1928 (Address) Joplin, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Hope Cemetery DATE OF BURIAL Mar 28 1928

20. UMBERTAKER Frank Lewis ADDRESS Joplin, Mo.

K. 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 1928

