

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

Do not use this space.

3464

1. PLACE OF DEATH

County Sullivan
Township Green
City Greencastle (No.)

Registration District No. 849
Primary Registration District No. 4574

File No.
Registered No. 1 St. Ward)

2. FULL NAME Elmer Lewis Sanford

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-2 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 ## 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ret. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Plymouth, Wis. 2
(STATE OR COUNTRY)

10. NAME OF FATHER Lewis Sanford

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

12. MAIDEN NAME OF MOTHER Caroline Vandorstine

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

14. INFORMANT Francis Sanford
(Address) Greencastle, Mo.

15. FILED Feb 23 1932 Miss Kell Lane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24-1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20-1932 19... to Jan 24-1932 19... that I last saw him alive on Jan 24-1932 19... and that death occurred, on the date stated above, at 10-35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Liver

Handwritten signature

(duration) yrs. mos. ds.

CONTRIBUTORY None
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm Parsons M. D.

125 1932 (Address) Greencastle 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

DATE OF BURIAL

Greencastle Com.

1/25/1932
ADDRESS

20. UNDERTAKER

Alvan E Kent Green City 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.

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