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

Do not use this space. 0

MAY 27 1936

20572

1. PLACE OF DEATH
County St Louis — Registration District No. 788
Township — Primary Registration District No. 4471
City Webster Groves (No. Glenwood Sanitarium St. Ward)
File No.
Registered No. 51

2. FULL NAME Harriett Saunders
(a) Residence, No. Glenwood Sanitarium Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James H. Saunders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 26 1865
7. AGE: Years 70 | Months 6 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

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): Lebanon Oregon Illinois

FATHER
13. NAME: James B. McKinley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon Ills.

MOTHER
15. MAIDEN NAME: Jane Langford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Jas W Scudder Lesterville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE May 11 1936

19. UNDERTAKER (ADDRESS): Wagoner Funeral Co 3621 Olive St.

20. FILED 5-9-1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1930, to May 8, 1936
I last saw h.er alive on May 8, 1936. Death is said to have occurred on the date stated above, at 6:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency, chr.	2
Nephritis, chr.	2
Arteriosclerosis	2

Other contributory causes of importance:

Name of operation — None — Date of —
What test confirmed diagnosis? 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) Paul V. Simes, M. D.
(Address) Grant Road, Webster Groves

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.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD