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

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.

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

PLACE OF DEATH

County of Hickory

Township of Center

or

Village

or

City (NO. St.: Ward)

Registration District No. 360

Primary Registration District No. 5505

File No. 22847 ~~[illegible]~~

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jacob H. Sanders

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH: October 13 (Month) — 13 (Day), 1831 (Year)

AGE: 80 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): + +

BIRTHPLACE (City or town, State or foreign country): Calowa Co. Kantuckey

PARENTS

NAME OF FATHER: Thomas Sanders

BIRTHPLACE OF FATHER (City or town, State or foreign country): Kantuckey

MAIDEN NAME OF MOTHER: Sarah Dark

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Kantuckey

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. M. Sanders

(ADDRESS) Hermitage Mo.

Filed July 20, 1912 A M Huckaby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13 (Month) 13 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from June 25, 1912, to July 13, 1912, that I last saw him alive on July 12, 1912, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

acute & sub acute cystitis

135B

(Duration) yrs. mos. 25 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. C. Brookshire M. D.

, 191 (Address) Hermitage Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL ~~OR REMOVAL~~: Liberty Cemetery

DATE OF BURIAL: July 14, 1912

UNDERTAKER: Bernie Coon

ADDRESS: Hermitage

Attica