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

Do not use this space.

34048

1. PLACE OF DEATH
County McDonald — Registration District No. 315
Township Prairie — Primary Registration District No. 5687
City Southwest City Mo Route # I (If nonresident give city or town and State) ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME James Aaron Sanders
(a) Residence. No. ..... 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Sanders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10-1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	6	8	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe County Indiana

PARENTS
10. NAME OF FATHER Henry Sanders
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER Nancy Pindel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT Mrs Chas Richardson
(Address) Southwest City Mo Route #I

15. FILED 11/21, 1927 John J Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to Nov 17, 1927, that I last saw him alive on Nov 17, 1927, and that death occurred, on the date stated above, at About 1.30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy

82A 74A1

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (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? Clinical
(Signed) G V Poynor, M. D
, 19 (Address) Southwest City 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: Wann Cemetry Arkansas
DATE OF BURIAL: Nov 18-1927

20. UNDERTAKER: Nichols Brothers, Southwest City Mo
ADDRESS: S.W. 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.