

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

Do not use this space.

31149

CT 30 1928  
 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.

1. PLACE OF DEATH  
 County Monroe Registration District No. 5-82 File No. \_\_\_\_\_  
 Township Washington Primary Registration District No. 5-780 Registered No. 43-  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert G. Saunders  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16-1843

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 11 24

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) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Monroe Co. Mo.

10. NAME OF FATHER Adairson Saunders

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Jay Ann Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Natharyn Hardesty  
 (Address) Hiramwell Mo.

15. FILED 9/12 1928 N. B. Payne  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Jan \_\_\_\_\_, 1922, to Sept 10, 1928 that I last saw him alive on Sept 7, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic enlarged heart  
due to inter-arterial  
9281  
7210B (duration) 20 yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) H. H. Packer M. D.  
Sept 11, 1928 (Address) Hiramwell 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 Box Cemetery DATE OF BURIAL 9/12 1928

20. UNPERTAKER Ernest Livan ADDRESS Hiramwell Mo.

