

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

Do not use this space.  
**32846**

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 Buchanan

Registration District No. 80

File No. 1244

Township

Primary Registration District No. 1001

Registered No. 1244

City St. Joseph

(No. Noyes Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Clarence E. Saunders

(a) Residence No. 1008 Church St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 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)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Dora Saunders

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Year 1856

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

72

Unk.

Unk.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Cigars

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** Leavenworth

(STATE OR COUNTRY)

Kansas

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Unknown

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Unknown

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT

(Address)

Mrs H. Saunders  
Galesburg, Illinois

**15.**

FILED

19

John J. [Signature]  
REGISTRAR

4

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 30 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from Oct 28, 1928, to Oct 30, 1928, that I last saw him alive on Oct 30, 1928, and that death occurred, on the date stated above, at 7:30 p m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Strangulated hernia

11801

123A

105B

1140

2

(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** chronic bronchitis

with cough (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: his home

**1** DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 30/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) J. F. Owens, M. D.

111, 1928 (Address) Schneider Bldg.

\*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**

Mount Mora Cemetery

**DATE OF BURIAL**

Nov. 2nd. 19 28

**20. UNDERTAKER**

Heaton-Bell & Bowman  
64 S. 11th St. Kansas

**ADDRESS**

319 S. 10 St.

Truman Home

