

MAY 29 1929

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

Do not use this space.

15662

1. PLACE OF DEATH

County Randolph Registration District No. 731
Township Primary Registration District No. 4436
City Clifton Hill (No.) St. Ward)

File No.
Registered No. 9
St. Ward)

2. FULL NAME Clara Millard 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 married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 22 =

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work mail carrier
(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) Randolph Co

10. NAME OF FATHER W. R. Sanders

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

12. MAIDEN NAME OF MOTHER Mary Mayo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

14. INFORMANT Mrs. C. M. Sanders (Address) Clifton Hill

15. FILED May 20, 1929 J. Baker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1929, to Apr 27, 1929.
that I last saw him alive on Apr 27, 1929, and that death occurred, on the date stated above, at 8:57 0 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Spinal meningeal hemorrhage (spinal apoplexy) probably traumatic origin due to severe wrench Apr 24/29 1948

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Salsbery

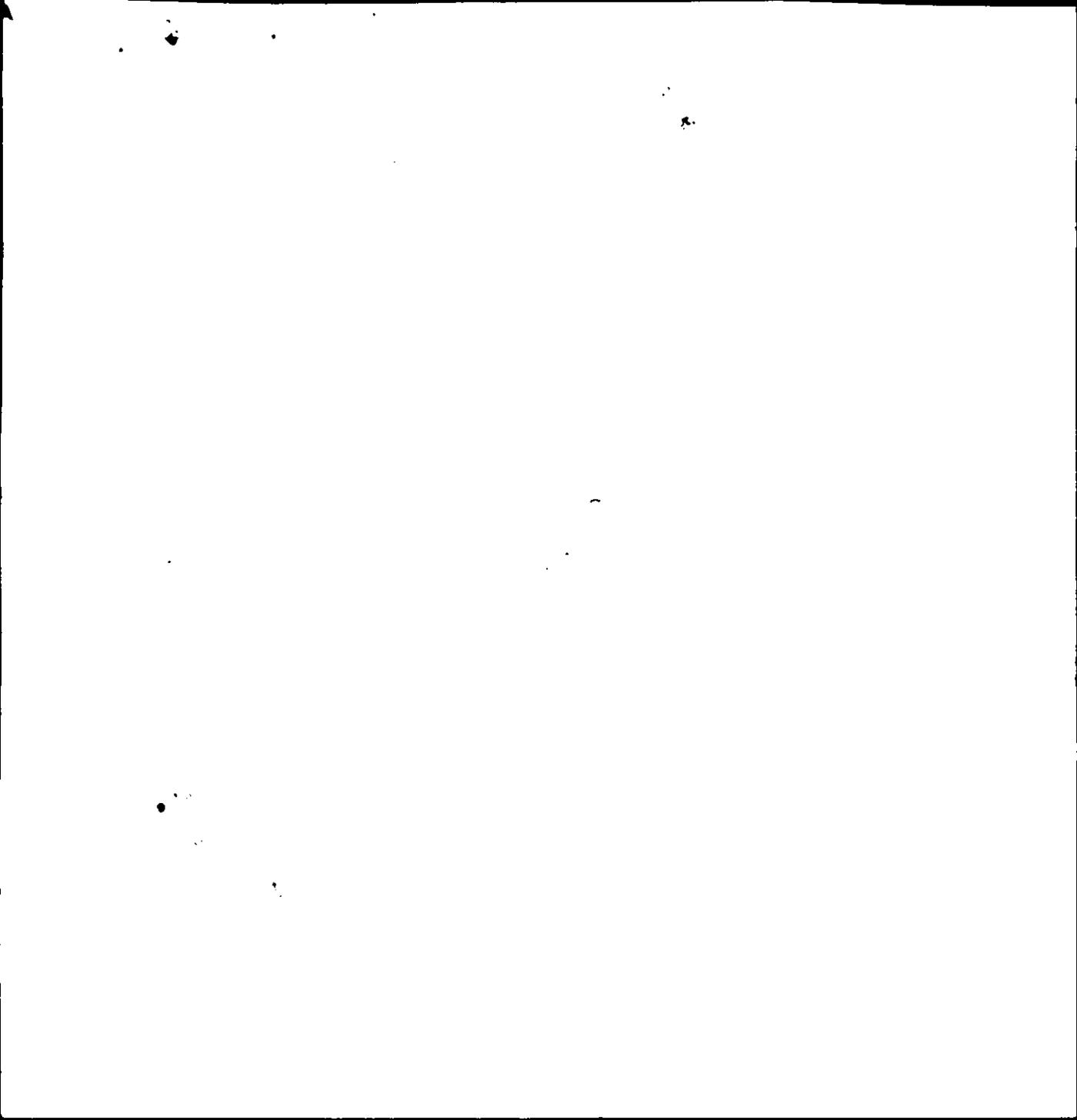
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. D. Streetor, M. D.
, 19 (Address) Moberly, 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 Clifton Hill DATE OF BURIAL April 30 1929

20. UNDERTAKER Tom B. Patton ADDRESS Hunterville



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3034 Registered No. 121
 City Clifton Hill (No. _____) St. _____ (Ward) _____

2. FULL NAME

Isaac M 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vertena Sanders</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 5 1868</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>6</u>	DAYS <u>12</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>mail carrier</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1929

17. I HEREBY CERTIFY That I attended deceased from Apr 27 1929 to Apr 27 1929 that I last saw him alive on Apr 27 1929 and that death occurred, on the date stated above, at 8:57 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal meningitis hemorrhage (spinal apoplexy) probably traumatic origin due to fall wrench Apr 27/29

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Randolph Mo

10. NAME OF FATHER W. B. Sanders

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Randolph Mo

12. MAIDEN NAME OF MOTHER Emma May

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Randolph Mo

14. INFORMANT Mrs. C. M. Sanders (Address) Clifton Hill

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Salisbury
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) O. D. Street, M. D.
Apr 27 1929 (Address) Moberly 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.

15. FILED June 18 1929 Dr. Fleming REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clifton Hill DATE OF BURIAL Apr 30 1929
 20. UNDERTAKER Tom B Patton ADDRESS Hunterville

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

DRAFT

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