

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

Do not use this space.

22164

1. PLACE OF DEATH
 County Newton Registration District No. 614
 Township _____ Primary Registration District No. 4555
 City Granby (No. _____) St. _____ Ward _____

2. FULL NAME Edward Lee 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 Mrs L.E. Sanders
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1880
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 7 26 _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Granby
 (STATE OR COUNTRY) Mo
 10. NAME OF FATHER William Sanders
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Lucy Woods
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) _____
 14. INFORMANT E. V. Sanders
 (Address) Granby Mo
 15. FILED 6-21-1929 M. P. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1929
 17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928 to June 21, 1929
 that I last saw him alive on June 20, 1929, and that death occurred, on the date stated above, at 5:10 A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary T. B.
23A
29A (duration) sent home yrs. mos. ds.
 CONTRIBUTORY tubercular lymphatics
 (SECONDARY) sent home (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTO-SY? _____
 PART TEST CONFIRMED DIAGNOSIS T. B. Rodens
 (Signed) _____ M. D.
4-21-1929 (Address) Granby 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 Granby Cemetery DATE OF BURIAL June 22, 1929
 20. UNDERTAKER J. A. Dutton ADDRESS Granby 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.

THIS IS A PERMANENT RECORD

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PARENTS

