

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

Do not use this space.

26831

**1. PLACE OF DEATH**

County Worth Registration District No. 903 File No. \_\_\_\_\_  
 Township Hetchall Primary Registration District No. 6212 Registered No. 10  
 City Redding (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wallace 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 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 4 4

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) Wagon, Co  
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER J. H. Sanders

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rowles  
 (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Margaret Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Spout (Wagon)  
 (STATE OR COUNTRY) Indiana

14. INFORMANT Margaret Sanders  
 (Address) Redding, Iowa

15. FILED 7574 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct  
 \_\_\_\_\_, 1929, to July 4, 1929  
 that I last saw him alive on July 4, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Liver

44 1062  
 (duration) yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY) Cataract  
 (duration) 2 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. H. Phipps, M. D.

(Address) Grant 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 Hetchall DATE OF BURIAL 7/7 1929

20. UNDERTAKER Arch C. Duffee ADDRESS Grant 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.

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1929  
113

