CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

31667

OCT 24 1929

1. PLACE OF DEATH

County Ray — Registration District No. 740 — File No.

Township Crooked River — Primary Registration District No. 5975 — Registered No. 9

City ~~Hardin~~ (No. ..... St. ..... Ward)

2. FULL NAME Felix Warren Sanderson

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan Sanderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 27-1857

7. AGE: Years 72 — Months 8 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

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): Ray Co. Mo.

PARENTS

10. NAME OF FATHER: Geo. W. Sanderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ray Co. Mo.

12. MAIDEN NAME OF MOTHER: Margret McGaugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ray Co. Mo.

14. INFORMANT: Fred M Sanderson
(Address): Orrick Mo.

15. FILED Oct 10 1929 Jno W. Knipschild REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1929, to Sept 13, 1929, that I last saw him alive on Sept 13, 1929, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

1.3 ?

1.3 ?

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Infected Prostate

(duration) 2 yrs. ..... mos. ..... ds.

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) Marvin Grimes, M. D.

, 19 (Address) Hardin, 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: Lavelock Cem — DATE OF BURIAL: Sep-15 1929

20. UNDERTAKER: Jno W. Knipschild — ADDRESS: Hardin Mo