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9169

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

APR 30 1930

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin

Registration District No. 411
Primary Registration District No. 2,002
(No. St. Johns Hospital)

File No. _____
Registered No. 138
St. _____ Ward _____

2. FULL NAME

Henry E. Saunders

(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 <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alcie Saunders</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 28 1867</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>6</u>	<u>27</u>	

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) Arkansas

10. NAME OF FATHER Harford Saunders

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

12. MAIDEN NAME OF MOTHER Mary Logan

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

14. INFORMANT Ray Saunders
(Address) Mapleview Texas

15. FILED 3/26 1930 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1930, to Mar. 25, 1930 that I last saw him alive on Mar. 25, 1930, and that death occurred, on the date stated above, at 9:55 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Alcoholism

75B

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

CONTRIBUTORY (SECONDARY) Drinking Heavy for 60 Days (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 66B

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? m. DATE OF _____

WAS THERE AN AUTOPSY? m.

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. E. Mankers M. D.
3/27, 1930 (Address) Neosho, 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 Neosho, Missouri DATE OF BURIAL 3/27 1930

20. UNDERTAKER Bigham's ADDRESS Neosho

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.

