

**COMMONWEALTH OF PENNSYLVANIA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11814

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 2748 Penn. Street.)

File No. _____
Registered No. 527
St. _____ Ward _____

2. FULL NAME Edward Amos Sanders.

(a) Residence. No. 2748 Penn Street. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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 Anna H. Sanders.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3, 1864.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	65	7	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wholesale Dry Goods.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Vice Pres John S. Brittain.

9. BIRTHPLACE (CITY OR TOWN) Pana.
(STATE OR COUNTRY) Illinois.

10. NAME OF FATHER Finley Sanders.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Kentucky.
12. MAIDEN NAME OF MOTHER Mary Phyle.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs. Anna H. Sanders.
(Address) 2748 Penn Street.

15. FILED 28 191930 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1930

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1930, to April 27, 1930, and that that I last saw him alive on April 27, 1930, at 11: P.m. death occurred, on the date stated above, at _____

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
Chronic myocarditis
(duration) unable to state yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) unable to state yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
1290
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Cluical finding
(Signed) [Signature] M. D.
4/28 1930 (Address) 301 Penn St Bldg

*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 St Olivet Cemetery DATE OF BURIAL April 30 19 30

20. UNDERTAKER W. Sidenfaden ADDRESS 1802 Union St.

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.

