

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

Do not use this space.

21579

File No. ~~21580~~
Registered No. 46 St. _____ Ward)

1. PLACE OF DEATH

County Jefferson Registration District No. 810
Township Jefferson Primary Registration District No. 1488
City Memphis (No. _____ St. _____ Ward)

2. FULL NAME Thomas Richard Sanders

(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 <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> |
|-----------------------|----------------------------------|--|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Sanders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 1963

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>67</u> | <u>4</u> | <u>20</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Memphis, Mo
(STATE OR COUNTRY)

| | |
|---------|--|
| PARENTS | 10. NAME OF FATHER <u>J. B. Sanders</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Clay Village, Ky</u> (STATE OR COUNTRY) |
| | 12. MAIDEN NAME OF MOTHER <u>Lavina Ann Grey</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Snow Hill, Maryland</u> (STATE OR COUNTRY) |

14. INFORMANT E. C. Sanders
(Address) Memphis, Mo

15. FILED 7/17 30 E. L. Gannesh
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1930

17. I HEREBY CERTIFY, That I attended deceased from July 20 1929, to June 26 1930, and that that I last saw him alive on June 26 1930, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enlarged Prostate Gland
Carcinoma of Prostate
5-10
(duration) 1 yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) A. E. Hatter, M. D.
6/27 1930 (Address) Memphis

*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL

Memphis Cemetery DATE OF BURIAL 6/29 1930

22. UNDERTAKER DeWayne Jones ADDRESS Memphis

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.

AUG 26 1930

