

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

Do not use this space.

21331

1. PLACE OF DEATH

County Jackson
Township Harvey
City Harvey City (No. 520 Spruce)

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. 2554
St. _____ Ward _____

2. FULL NAME

Mr. St. Elmo Sanders
(a) Residence. No. 520 Spruce. St. 10 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Mrs. Edith J. Sanders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 1 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician + Surgeon
(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) Indiana

10. NAME OF FATHER Geo. W. Sanders

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

12. MAIDEN NAME OF MOTHER Malinda Bobbit

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

14. INFORMANT Mrs. Edith J. Sanders
(Address) 520 Spruce

15. FILED 6/2 31 M. M. Crome
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1931

17. I HEREBY CERTIFY, That I attended deceased from May 12th, 1931, to June 1, 1931, that I last saw him alive on June 1, 1931, and that death occurred, on the date stated above, at about 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tobac Pneumonia
108
1100
2 weeks (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Erysipela
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Kansas City, Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Autopsy Findings
(Signed) M. M. Crome M. D.

(Address) 1601 Lattimore 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 Mt. Moriah DATE OF BURIAL June 3 1931

20. UNDERTAKER W. W. Newcome ADDRESS K. C. 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.

