WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 9 1932

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

Do not use this space.

13524

1. PLACE OF DEATH
82 County Pike
Township Ashley
City (No. , St. Ward)

Registration District No. 683
Primary Registration District No. 5911

File No.
Registered No.

2. FULL NAME Tom E. Sanderson

(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: 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 Sammie Sanderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1877

7. AGE: YEARS 54 | MONTHS 10 | DAYS 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va Bedford Co

FATHER
13. NAME John E. Sanderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co Va

MOTHER
15. MAIDEN NAME Lucy Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Anna E. Hendrix Bowling Green, Mo

18. BURIAL, CREMATION, OR REMOVAL Indian Cr. Cemetery 4-12-1932

19. UNDERTAKER (ADDRESS) Grace Bushhead Bowling Green, Mo.

20. FILED Apr. 12, 1932 R. W. Hetherlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1932, to 4-10, 1932

I last saw him alive on 4-10, 1932. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
127B
108

Date of onset

Other contributory causes of importance:

Gall Bladder Infection

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. H. Wilcoxon, M. D.
(Address) Bowling Green Mo