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.

JUN 21 1932

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

Do not use this space.

18805

85

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 643

City: St.Joseph. (No. 816 No.25th.St. St. Ward)

2. FULL NAME Fred Cass Sanborn

(a) Residence, No. 816 No.25th.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose A.Sanborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept,21,1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst.Yardmaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Burlington R.R.

10. Date deceased last worked at this occupation (month and year): Mar,1919

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grinnell. Iowa.

FATHER

13. NAME: Warren Sanborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown New Hamp.

MOTHER

15. MAIDEN NAME: Nancy Ann Cass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown New Hamp.

17. INFORMANT (ADDRESS): Mrs.Rose A.Sanborn 816 No.25th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ottumwa,Iowa. DATE: July,1,1932

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED JUN 30 1932 John R Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June,29,1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to June 29, 1932

I last saw him alive on June 29, 1932. Death is said to have occurred on the date stated above, at 3.20 P.M.

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

	Date of onset
Chronic Nephritis with oedema	1926
Uraemia	1932

D 59

Other contributory causes of importance:

Diabetes Mellitus	1912
Apoplexy-Left Hemiplegia	1918

Name of operation: None Date of

What test confirmed diagnosis? Usual 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? No

If so, specify

(Signed) Clarence A Good, M. D.

(Address) Tootle Bldg. St.Joseph,Mo.