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

Do not use this space.

23589

1. PLACE OF DEATH

County: Osage — Registration District No.: 640 — File No.:

76 Township: Crawford — Primary Registration District No.: 5849 — Registered No.: 14

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Charles Lester Sanders

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 6 - 1932

7. AGE: Years — Months — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Freedom Mo
(STATE OR COUNTRY): R.F.D. #1

PARENTS

10. NAME OF FATHER: Don't know

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

12. MAIDEN NAME OF MOTHER: Rosa Sanders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Arkansas

14. INFORMANT: Samuel Haas
(Address): Freedom Mo

15. FILED July 4 1932 Mrs Dora Jett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4th 1932

17. I HEREBY CERTIFY, That I attended deceased from July 4th, 1932, to July 4th 1932 that I last saw him alive on July 4th, 1932, and that death occurred, on the date stated above, at 1430 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum

1100

119 (duration) ..... yrs. ..... mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ..... ①

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. C. Cooper, M. D

July 4 1932 (Address) Linn Mo

*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: Lane Mo — DATE OF BURIAL: July 5 1932

20. UNDERTAKER: none — ADDRESS:

26 1932