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.

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

Do not use this space.
35176

1. PLACE OF DEATH
County: Cole
Township:
City: Jefferson (No. , St. Ward)
Registration District No. 213
Primary Registration District No. ~~5293~~ 2014
File No. 372
Registered No.

2. FULL NAME: Henry Sachs
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): St. Charles, Missouri / Jefferson City, Mo.

FATHER
13. NAME: John Sachs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Missouri

MOTHER
15. MAIDEN NAME: Elizabeth Schadle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Alta Sachs
(ADDRESS): Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: River View Cem DATE: Nov-16- 1932

19. UNDERTAKER: Hark & Gordon
(ADDRESS): Jefferson City Mo.

20. FILED: Nov 17 1932 Sub-Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
207M Accident	
Other contributory causes of importance:	275

Name of operation: 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? Accident Date of injury Nov 14 1932
Where did injury occur? C.&J. Junction, Cole Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Industry
Manner of injury: Train struck him
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify: Worked about R.R. tracks
(Signed): Edw Strauss, M. D.
(Address): Jefferson City, Mo
Coroner.