

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

Do not use this space.

36628

1. PLACE OF DEATH

78 County Pemiscot
Township Organ
City (No.)

Registration District No. 65-3
Primary Registration District No. 5866

File No.
Registered No. 117 Ward

2. FULL NAME Dellar William Saunders

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

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) aug. 5, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kauffman, Mo.

FATHER 13. NAME Oliver W. Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewart, Mo.

MOTHER 15. MAIDEN NAME Ora Lee Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marked Tree, Ark.

17. INFORMANT (ADDRESS) Robert Jarrison
Kauffman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Organ, Cen. DATE 11-7-1932

19. UNDERTAKER (ADDRESS) John Baker
Kauffman, Mo.

20. FILED 11-7-1932 J. J. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1932, to Nov. 7, 1932.
I last saw him alive on Nov. 6, 1932. Death is said to have occurred on the date stated above, at 4 a. m.

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

Lobar Pneumonia Date of onset 11-1-32

Other contributory causes of importance: ①

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) R. E. Kellen, M. D.

(Address) Ridgely, Tenn

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.

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

JAN 9 1933

