

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

Do not use this space.

38180

1. PLACE OF DEATH

113 County North
2 Township Witchell
2 City Lebanon (No. 1)

Registration District No. 993

Primary Registration District No. 4545

File No. 25

Registered No. 25

St.

Ward

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 9

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Rhoda Sanders

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 11, 1863

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

69

10

17

8. OCCUPATION OF DECEASED

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

farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wilmington Ohio

10. NAME OF FATHER

David Sanders

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wilmington Ohio

12. MAIDEN NAME OF MOTHER

Rhoda Peterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wilmington Ohio

14.

INFORMANT

(Address)

Rhoda Sanders
Lebanon Mo

15.

FILED

11-29-32
John C. Cresswell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 28 1932

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to Nov 28, 1932 that I last saw him alive on Nov 26, 1932, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart regurgitation

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. D.

11-29-32 (Address) Lebanon 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

DATE OF BURIAL

Lebanon Cemetery

Nov. 30 1932

20. UNDERTAKER

ADDRESS

Arch. C. Cresswell
Lebanon Mo

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.

JAN 5 1933

