

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

Do not use this space.

39495

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Bevee Primary Registration District No. 3019
 8 City Judyp industrial Mo. St. _____ Ward _____

2. FULL NAME Charles Lucius Sandie
 (a) Residence, No. 1227 W. 1st St. Judyp, Mo.
 (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.

File No. _____
 Registered No. 387

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1859

7. AGE YEARS 73 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
 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) Wadeboro 2 (STATE OR COUNTRY) North Carolina

FATHER
 13. NAME Charles Lucius Sandie
 14. BIRTHPLACE (CITY OR TOWN) Unknown 2 (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Elnor Smith
 16. BIRTHPLACE (CITY OR TOWN) Wadeboro 2 (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Margaret E. Sandie
1227 W. 1st St.
Judyp, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. Dec 9, 1932

19. UNDERTAKER (ADDRESS) Carrs Funeral Home
Independence Mo

20. FILED Dec. 8, 1932 H. Cool
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Dec. 3, 19____. Death is said to have occurred on the date stated above, at 2:50 pm.
 The principal cause of death and related causes of importance were as follows:
Fracture of skull
210 M
210
210

Other contributory causes of importance: None ① 20

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide _____ Date of injury Dec 3, 1932
 Where did injury occur Independence Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. On Public Street
 Manner of injury Auto accident
 Nature of injury Fracture of skull
 24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) J. H. Owens, M. D.
 (Address) 1034 Realt. K. C. Mo

MARCON RESERVED FOR BINDING

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

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 also important.

V. S. No. 2

