

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 138
 Township Sugar Creek Primary Registration District No. 5970
 City..... (No.) St. Ward.....

File No. 20792
 Registered No. 134

2. FULL NAME Anthony W 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6th 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
58 4 23

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

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) Germany

13. NAME William Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Recker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Elizabeth Sanders
 (ADDRESS) moberly mo

18. BURIAL, CREMATION, OR REMOVAL PLACE moberly DATE 7-3rd 1933

19. UNDERTAKER Mahan & Son
 (ADDRESS) moberly mo

20. FILED 7/3 - 33 1933 Thos. J. Fleming
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from 19..... to June 29th 1933

I last saw him alive on..... 1933. Death is said to have occurred on the date stated above, at 11:15 Pm.

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

Died suddenly had worked in field all day, sup- posed to be applying 87A
 Date of onset 7-2-33

Other contributory causes of importance: 7-2-33

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?.....

If so, specify Cardiomyopathy

(Signed) W. H. Reckerley, M. D.

(Address) moberly mo

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 very important.

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