

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

Do not use this space.

R. W. [Signature]
File No. **32755**
Registered No. **708**
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 328
Township Amphibole No. 1 Registration District No. 1001
City Boyer (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 606 W Webster (If nonresident, give city or town and State) _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|--|--------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Ophe Saunders</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 1878</u> | | | | |
| 7. AGE | YEARS <u>42</u> | MONTHS <u>5</u> | DAYS <u>21</u> | IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Employer</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Boyer</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Nov 1933</u> | | | |
| 11. Total time (years) spent in this occupation <u>21</u> | | | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Boyer Mo</u> | | | |
| FATHER | 13. NAME <u>James Saunders</u> | | | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mable Carr</u> | | | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | | |
| 17. INFORMANT (ADDRESS) | <u>Mrs Ophe Saunders</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE | <u>Boyer Mo Oct 7 1933</u> | | | |
| 19. UNDERTAKER (ADDRESS) | <u>German Undertaker</u> | | | |
| 20. FILED | <u>10</u> | <u>9</u> | <u>33</u> | <u>Ralph W. [Signature]</u> Registrar |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 7 1933

I last saw him alive on Oct 7, 1933 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:
Coronary Thrombosis Date of onset Oct 7

Other contributory causes of importance:
Appendicitis Date of onset Oct 2

Name of operation Appendectomy Date of Oct 5 33

What test confirmed diagnosis? 2 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 _____, 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 _____
(Signed) [Signature] M. D.
(Address) Boyer 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.

NOV 10 1933

