

JAN 26 1934

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

Do not use this space.

35801

1. PLACE OF DEATH

12 County Butte Registration District No. 87
Township Bowdoin Primary Registration District No. 5139
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 25

2. FULL NAME

Thomas H. Saunders

(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 <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>Adelia Saunders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30 1879</u>		
7. AGE	YEARS	MONTHS
<u>54</u>	<u>3</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>factory work</u>		
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) <u>32</u>		
11. Total time (years) spent in this occupation <u>7</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sharkey Ky</u>		
13. NAME <u>Moses Saunders</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sharkey Ky</u>		
15. MAIDEN NAME <u>Sarah Saunders</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sharkey Ky</u>		
17. INFORMANT <u>J. H. Chastain</u>		
(ADDRESS) <u>Harrell mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Kenzie cem</u>	<u>Nov 11</u>	<u>1933</u>
19. UNDERTAKER <u>Minnie Gish</u>		
(ADDRESS) <u>Harrell mo.</u>		
20. FILED <u>11/30</u> 19 <u>33</u> <u>M. W. Lane</u>		
Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1933 to Nov 9 1933

I last saw him alive on Nov 9 1933. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:
according to evidence from history the dec'd of 122A Nov 6 peritriche fracture a 129 1983 strangled here

Other contributory causes of importance: strangled here

Name of operation nil Date of _____

What test confirmed diagnosis? history Was there an autopsy? no

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) Stewart M. D.
(Address) Harrell mo

WHITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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