

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

Do not use this space.

1188

1. PLACE OF DEATH

County Jackson Registration District No. 200
 Township Franklin Primary Registration District No. 200
 City Kansas City (No. 300) General Hosp St. Ward

File No. _____
 Registered No. 158
 St. _____ Ward _____

2. FULL NAME

Martin Albert Sanders
 (a) Residence, No. 4229 E. 50th St. General Ward. (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 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) Deepwater Mo

13. NAME James Sanders

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

15. MAIDEN NAME No Record

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

17. INFORMANT (ADDRESS) De wud Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Jan 13 - 34

19. UNDERTAKER (ADDRESS) Mrs. E. A. Foster
918 Brooklyn Ave

20. FILED 1-12-34 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1934 to Jan 11 1934

I last saw him alive on 1-11-34 Death is said to have occurred on the date stated above, at 4:50 PM
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis with anemia
Chronic Nephritis
 Date of onset _____
 Other contributory causes of importance: _____

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 _____ (Signed) J. J. Gennett, M. D.

(Address) Sup. Rec. Gen. Hosp
1-12-34

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.

