

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Partes
Township Pike
City _____ (No. _____)

Registration District No. 146
Primary Registration District No. 5209

File No. 12165
Registered No. 53
St. _____ Ward _____

2. FULL NAME

Peter Edward Sanders

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Martha Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 27

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) Shannonville Missouri

13. NAME John Sanders

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

15. MAIDEN NAME Elizabeth Barton

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

17. INFORMANT (ADDRESS) J. R. Sanders, no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Messant, Mo. Cem. DATE 4-27, 1934

19. UNDERTAKER (ADDRESS) J. C. Gray, no.

20. FILED May 12, 1934 Jessie D. Schupp Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to Apr. 20, 1934. I last saw him alive on rich 31, 1934. Death is said to have occurred on the date stated above, at 1934 P.M.

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

Chronic Cystitis & Prostate
itis probably malignant
Chronic Endocarditis

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) M. Barton, M. D.

(Address) Town Bureau
Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

