

MAY 20 1934

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

13972
Do not use this space.

13972

1. PLACE OF DEATH

County Pike
Township Shirley
City Os

Registration District No. 750
Primary Registration District No. 6246

File No. 12
Registered No. 1239
St. 6 Ward

2. FULL NAME

(a) Residence, No. Christopher Columbus Sanders St., Os Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 54 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

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>Jennie Truitt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-19-1857</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>
	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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)	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>James Edward Sanders</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Elizabeth Beldridge</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	17. INFORMANT (ADDRESS) <u>Jennie Sanders, Doniphan, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shirley</u> DATE <u>4/17</u>	
19. UNDERTAKER (ADDRESS) <u>F. E. Jordan, Doniphan, Mo.</u>	
20. FILED <u>4-17-1934</u> <u>C. W. Johnston</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to April 16, 1934.
I last saw him alive on April 16, 1934. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Face - Rt. side Date of onset 1926

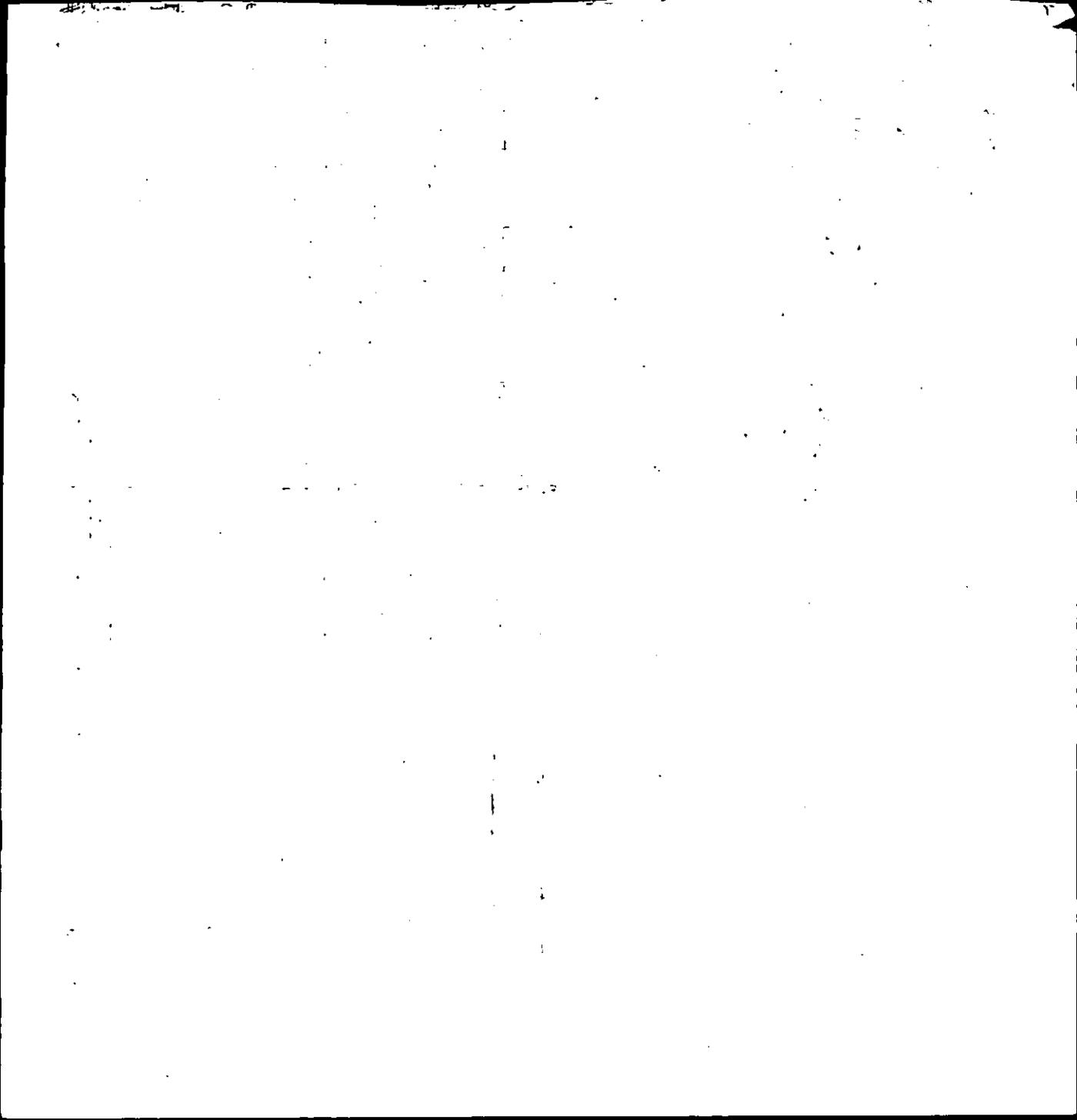
Other contributory causes of importance:
5 3

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? No
If so, specify _____
(Signed) R. H. Walter, M. D.
(Address) Doniphan, Mo.



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

13972

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Christopher Columbus Sanders
Who died at _____ on April 16 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 77 Months 2 Days 27

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Carcinoma at side of face
on nose

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar E. T. McLaugh

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 750

Primary Reg. Dist. No. 6246

Very truly yours,
E. T. McLaugh M. D.
Special Agent.

S-13972-

DATE

TIME

LOCATION

WIND DIRECTION

WIND VELOCITY

SEA STATE

SWELL DIRECTION

SWELL VELOCITY

SWELL PERIOD

WAVE PERIOD

WAVE HEIGHT

WAVE LENGTH

WAVE DIRECTION

WAVE VELOCITY

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