

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

Do not use this space.

1. PLACE OF DEATH

County Gentry
Township Athens
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 309
Primary Registration District No. 5427

File No. 20061
Registered No. 36

2. FULL NAME

Marvin Marshall Sanders

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Worth Mo.

13. NAME G. J. Sanders

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

15. MAIDEN NAME Mable A. Evers

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

17. INFORMANT (ADDRESS) G. J. Sanders Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City Mo. DATE June 5 - 1934

19. UNDERTAKER (ADDRESS) A. J. Barger Albany Mo.

20. FILED June 4, 1934 W. T. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 - 1934

22. I HEREBY CERTIFY That I attended deceased from June 2 - 1934, to June 2 - 1934
I last saw him alive on June 2 - 1934. Death is said to have occurred on the date stated above, at 16:30 am.

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

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Drowned
Date of onset 1934

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? Accident Date of injury June 2, 1934
Where did injury occur? South of Albany Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Grand River
Manner of injury drowned
Nature of injury _____

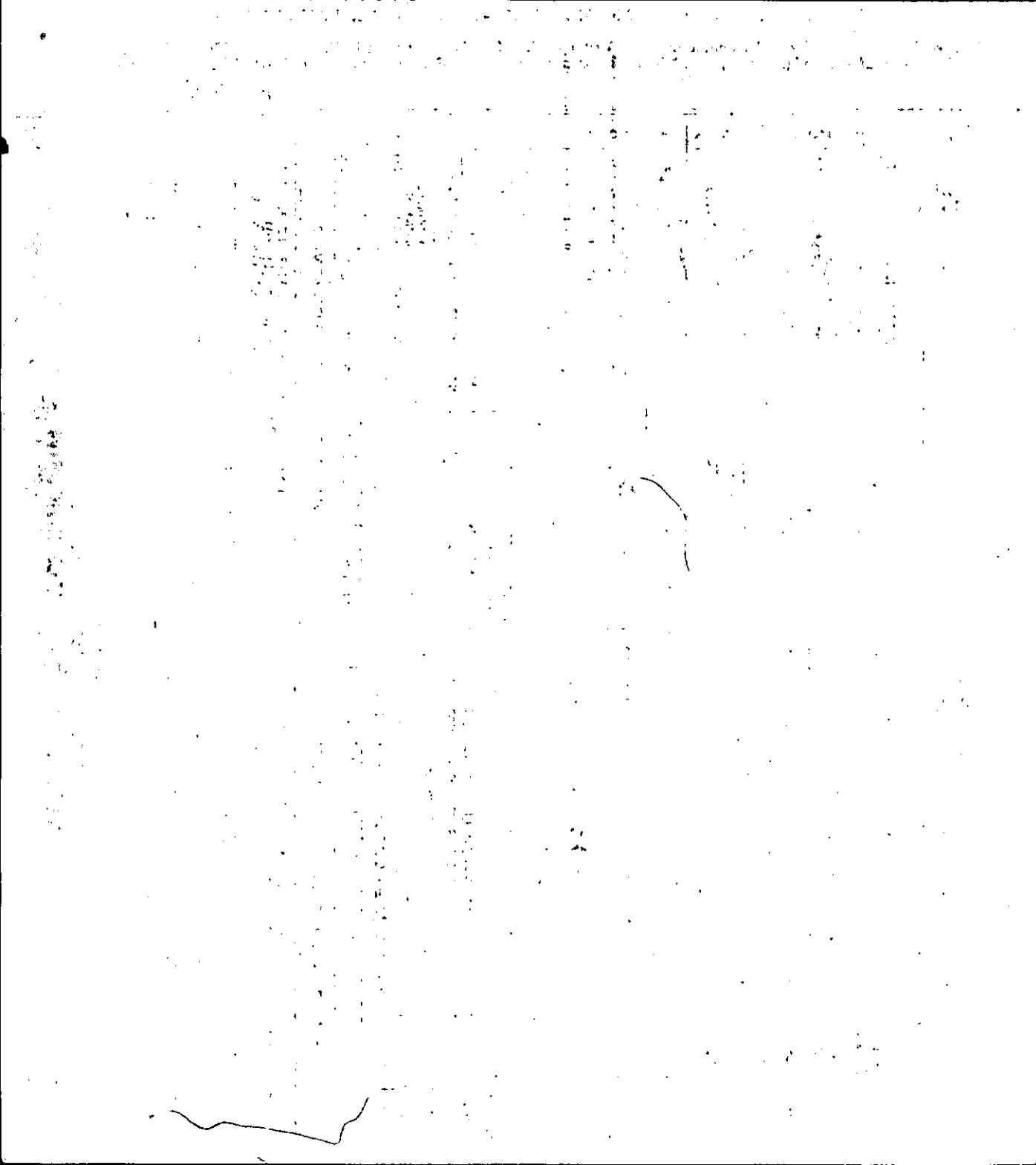
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) James N. Barger M. D.
(Address) Albany Mo.

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.

JUL 12 1934

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#2

Gentry

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

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: Martin Marshall Sanders
Who died at _____ on June 2 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 _____ Months _____ Days _____

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: Drowned This little boy was trading in ground nuts. Stopped into deep hole and drowned before his little playmates could get help. There was no boat connected with the accident.

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 M. H. Martin

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. 309

Primary Reg. Dist. No. 5427

Very truly yours,

E. J. McLaugh m. d.

Special Agent.

g. y. e.

