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.

AUG 22 1935

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

Do not use this space.

24149

1. PLACE OF DEATH
County Bay
Township Grade Grove
City ~~Stet~~ (No. ..... St. ..... Ward)

Registration District No. 914
Primary Registration District No. 6235

File No. .....
Registered No. 8

2. FULL NAME Jesse L. 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie L. Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1890

7. AGE YEARS 44 MONTHS 6 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) June 1935
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stet Mo

FATHER
13. NAME Dave Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Carry Lasure
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Jesse Sanders Stet, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE 7-4-35 19

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo.

20. FILED July 4, 1935 W E Hant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935, to July 2, 1935
I last saw him alive on July 2, 1935. Death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic purulent parenchymatous nephritis secondary to focal infection in teeth, with uremia	2 yrs ago
	June 30 [illegible]

Other contributory causes of importance:
1. Chronic cystitis
2. Chronic myocarditis

Name of operation none Date of —
What test confirmed diagnosis? laboratory 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) J. E. Goldberg, M. D.
(Address) Polo, Mo.