

AUG 12 1935

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

Do not use this space.

27532

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

No.

File No.

Registered No.

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

Eva Louise Saunders

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

Oct 2, 1870

7. AGE

YEARS  
64MONTHS  
10DAYS  
1

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Corporation

10. Date deceased last worked at this occupation (month and year)

Aug 3, 1935

11. Total time (years) spent in this occupation

40

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

Carywood Va

13. NAME

Robert C. Saunders

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

Crestwood Va

15. MAIDEN NAME

Caryetta Davis

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

Charlottesville Va

17. INFORMANT

Eva Louise Saunders

(ADDRESS)

18 Crestwood Drive

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bellefontaine

DATE

Aug. 7

1935

19. UNDERTAKER

(ADDRESS)

Alexander Ed. Ross

6145 Delman

20. FILED

8-6

1935

E. N. Donkhat

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 3, 1935, to Aug 3, 1935

I last saw him alive on Aug 3, 1935. Death is said

to have occurred on the date stated above, at 11:30 p.m.

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

Coronary Thrombosis

Date of onset  
8/3

Other contributory causes of importance

Myocardial Chronic

3600

Name of operation

What test confirmed diagnosis? Physical Examination

Date of

Was there an autopsy? 22

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

W. P. Sauer, M. D.

(Address) 601 University Club Bldg.

