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.

OCT 17 1935

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

Do not use this space.

28769

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 955
City St. Joseph, (No. 2342 South 10 Street St. Ward)

2. FULL NAME George Washington Sanderson
(a) Residence, No. 2342 South 10 Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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: Ida Sanderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December.12.1862.

7. AGE: YEARS 72 — MONTHS 9 — DAYS 5 — 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.: Retired
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): Unknown Indiana

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

MOTHER
15. MAIDEN NAME: Charity Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

17. INFORMANT (ADDRESS): Ida Sanderson 2342 South 10 Street

18. BURIAL, CREMATION, OR REMOVAL: Register Cemetery
PLACE St. Joseph, Mo. DATE Sept. 18 1935

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED 9-17- 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September.17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Sept 17, 1935
I last saw him alive on Sept 16, 1935 Death is said to have occurred on the date stated above, at 2/15a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	9/13/35

Other contributory causes of importance: chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) C. S. Grant, M. D.
(Address) St. Joseph, Mo.