

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.

DEC 12 1935

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

Do not use this space.

29177-a

1. PLACE OF DEATH  
 County Republican Registration District No. 290  
 Township St. Louis Primary Registration District No. 5408  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME C. D. Sanson  
 (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 M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Maud Sanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1898

7. AGE YEARS <u>37</u>	MONTHS <u>7</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Labor

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

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Rollie Sanson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Ark

15. MAIDEN NAME Mary Plehan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Ark

17. INFORMANT J. C. Alder (ADDRESS) Senath Mo 3

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent's DATE Sept 15 1935

19. UNDERTAKER J. A. Cunningham (ADDRESS) Senath Mo

20. FILED 11-15 1935 H. H. Appender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1935

22. I HEREBY CERTIFY, that I attended deceased from Sept 7, 1935 to Sept 14, 1935  
 I last saw him alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at 10:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Sept 1 - Rheumatism Date of onset Sept 1  
Sept 1 - Acetia  
and Auto-intoxication of  
Poisane albumina by met  
Elimination of Amine base & Kidney  
 Other contributory causes of importance:  
Malaria

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (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?  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Alder, M. D.  
 (Address) Senath Mo

General Store Limited

F.A. Cunningham