

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

NOV 19 1935

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

Do not use this space.

32174

1. PLACE OF DEATH

County Chanton

Registration District No. 175

Township Jalzburg

Primary Registration District No. 4104

City Jalzburg (No.)

St. Ward

2. FULL NAME Squire Sanders

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 10 1854

7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min. 81 1 21

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

11. Total time (years) spent in this occupation

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

13. NAME John Sanders

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

15. MAIDEN NAME Eliza Barnhart

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

17. INFORMANT (ADDRESS) Mrs. Ross Stogart Jalzburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Jalzburg DATE Oct 3 35

19. UNDERTAKER (ADDRESS) Geat Wimpfeneier Jalzburg Mo

20. FILED Oct 4 1935 Chanton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935 to Oct 1 1935

I last saw him alive on Sept 28 1935. Death is said to have occurred on the date stated above, at 7:15 P.m.

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

Cerebral Apoplexy
Chronic Myocarditis
Arteriosclerosis

Date of onset 10-1-35
?
?

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? 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. L. Harney, M. D.
(Address) Jalzburg Mo

