NOV 9 1935

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

Do not use this space.

34254

File No. 8678

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Barnes Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Zoratio Sanderson

(a) Residence No. 2821-a Thomas, St., ~~4th~~ Ward 21 (If nonresident, give city or town and State)
(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? 31 yrs. 10 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Addison Sanderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-19th 1903.

7. AGE: YEARS 31 MONTHS 10 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Abberdeen, Miss.

FATHER

13. NAME: Guy Barton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Abberdeen, Miss.

MOTHER

15. MAIDEN NAME: Willett Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Abberdeen, Miss.

17. INFORMANT (ADDRESS): Addison Sanderson 2821-a, Thomas, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Park DATE: [illegible]17, 1935

19. UNDERTAKER (ADDRESS): R. C. Houston 2812 Thomas St.

20. FILED: OCT 15 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 13th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 p.m.

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

	Date of onset
Acute Peritonitis (Non Puerperal), due to a ruptured (left) Pyosalphinx, (Non Traumatic) (Non Venereal Cause of rupture unknown.)	

Other contributory causes of importance:

Diabetes Mellitus. 59

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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?

If so, specify

(Signed) Harold Oching, M. D.

(Address) Dyfor

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

MARGIN RESERVED FOR BINDING

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.

100M-11-24-33