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.

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

NOV 29 1935

Do not use this space.

34947

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 191

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Edward Sands

(a) Residence, No. State Hospital #3 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 7 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): Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 12, 1874

7. AGE: YEARS 61 — MONTHS 2 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. lab. (invalid)
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.

FATHER

13. NAME: Abel J. Sands
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

MOTHER

15. MAIDEN NAME: Mellish Hawkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Edgar Sands Peculiar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cleveland, Mo DATE Oct. 23, 1935

19. UNDERTAKER (ADDRESS): Geo. E. Myers Cleveland, Mo.

20. FILED Oct 23, 1935 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1910, to Oct. 23, 1935

I last saw him alive on Oct. 23, 1935 Death is said to have occurred on the date stated above, at 3250 m.

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

Cerebral hemorrhage (hemiplegia) — Date of onset Mar. 1932

Other contributory causes of importance: Intestinal stasis — past 2 wks.

Name of operation none — 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) T. O'Dell M. D.
(Address) Nevada, Mo.