

FEB 23 1935
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42346

1. PLACE OF DEATH
 County Wright Registration District No. 1122
 Township Clark Primary Registration District No. 6226
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME J. H. Sanner
 (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 Annie Clementine Sanner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>82</u>	<u>82</u>	<u>1</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired merchant
 10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation _____

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

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Dr. Hall
 (ADDRESS) Norwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Thomas DATE 12-12, 1935

19. UNDERTAKER Ella J. Bouldin
 (ADDRESS) Norwood, Mo.

20. FILED 1-10, 1936 Loyola Burnett
Sadie Burnett Apt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1935

I HEREBY CERTIFY That I attended deceased from Jan 1, 1935, to Dec 11, 1935
 I last saw him alive on Dec 01, 1935 Death is said

to have occurred on the date stated above, at 6:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
 Date of onset _____

Other contributory causes of importance:
None

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

28. 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) E. J. Bouldin, M. D.
 (Address) Norwood, Mo.

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

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.

MADE IN RESERVE FOR BINDING

V. S. NO. 2
 10034-11-24-35

