

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

Do not use this space.

FEB 17 1936

248

1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Joseph (No. 1716 South 20th.) St. _____ Ward _____

File No. _____
 Registered No. 47

2. FULL NAME Stephen E. Sanderson
 (a) Residence, No. 1716 South 20th. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Sanderson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 19, 1881.</u>				
7. AGE YEARS <u>54</u>	MONTHS <u>2</u>	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General Manager</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>United Utilities Corp.</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Danville</u> (STATE OR COUNTRY) <u>Illinois</u>				
FATHER	13. NAME <u>James E. Sanderson</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Anna Lynn</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT <u>Mary Sanderson</u> No. _____ (ADDRESS) <u>1716 South 20th. Str. St. Joseph</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Olivet Cemetery</u> PLACE <u>St. Joseph Mo.</u> DATE <u>January 13, 1936</u>				
19. UNDERTAKER <u>H. O. Sidenfaden</u> (ADDRESS) <u>802 Union Str. St. Joseph Mo.</u>				
20. FILED <u>1-11-36</u> <u>John R. Sanderson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to 11, 1936
 last saw him alive on Jan 11, 1936. Death is said to have occurred on the date stated above, at 6:00A m.
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset Jan 7/36

Other contributory causes of importance:
None

Name of operation _____ 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) O. J. Weed, M.D. M. D.
 (Address) 1716 S. 20th. St. St. Joseph, 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.

