

FEB 11 1933

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

Do not use this space.

3784

1. PLACE OF DEATH

County.....
Township.....
City.....
No. 416733

Registration District No. 791
Primary Registration District No. 10033

File No.....
Registered No. 1036
St. St. Joseph Ward

2. FULL NAME Albert Sanders

(a) Residence, No. 4339, St. St. Joseph 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1904
7. AGE YEARS 31 MONTHS 8 DAYS 4
If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/33
22. I HEREBY CERTIFY, That I attended deceased from 1/24/33, 12:30 to 1/27/33, 12:30. I last saw him alive on 1/27/33, 12:30. 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:

Carcinoma of testes
& Metastasis to spine
Other contributory causes of importance: Cord Blood. 5/1
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)
13. NAME A. R. Sanders
14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)
15. MAIDEN NAME Martha Rimmer
16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)
17. INFORMANT J. P. Rimmer
(ADDRESS) City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pine, Mo. DATE Jan. 3, 1936
19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.
20. FILED JAN 28 1933 J. F. Bredeck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis? Biopsy. 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.....
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) J. P. Rimmer, M. D.
(Address) City, Mo.

