

APR 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

116344

1. PLACE OF DEATH

County Lafayette
Township
City Mayveiw (No. _____) St. _____ Ward _____

Registration District No. 464
Primary Registration District No. 4273

File No. 18
Registered No. 19

2. FULL NAME

John Sander

(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 Emma Lohman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Germany

FATHER 13. NAME Fredrick Sander

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

MOTHER 15. MAIDEN NAME Margaret Wortmah

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

17. INFORMANT (ADDRESS) Miss Anna Sander
Mayveiw, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mayveiw, Mo. DATE Mar. 25, 1936

19. UNDERTAKER (ADDRESS) Winkler
Lexington, Mo.

20. FILED 3-24 1936 Wm. E. M. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1st 1936, to Mar. 23 - 1936

I last saw him alive on Mar. 20 - 1936. Death is said

to have occurred on the date stated above, at 8:30 A. M.

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

Acute Myocarditis
932

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? None 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) Wm. E. M. Goodwin, M. D.
(Address) Mayveiw, Mo.

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.

