JUN 23 1936

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

Dr Allen

Do not use this space.

19298

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No.
Township Sn a Bar — Primary Registration District No. 3537A — Registered No.
City ~~Blue Spring~~ (No. ..... St. ..... Ward)

2. FULL NAME J. Fred Saunders
(a) Residence, No. (Usual place of abode) Blue Spring Mo RFD (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ona Saunders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 - 1884
7. AGE YEARS 52 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

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) Blue Springs Mo

FATHER
13. NAME A. L. Saunders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Bertha Noland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Ona Saunders Blue Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs DATE 5-23 1936
19. UNDERTAKER (ADDRESS) R B Webb Blue Springs Mo
20. FILED 6/15 1936 F W Tsetts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to May 22, 1936
I last saw him alive on May 17, 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the head of the pancreas	about 1 year ago
Metastasized in liver	

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Other contributory causes of importance:

Name of operation Chalecystotomy Date of April 4, 36
What test confirmed diagnosis Surgical 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) C H Allen, M. D.
(Address) Independence 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.