

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCURRENCES very important.

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH

28 County Crawford Registration District No. 234
 Township Oak Hill Primary Registration District No. 6319
 City Osborne R.F.D. #1 St. _____ Ward _____

File No. 19861
 Registered No. _____

2. FULL NAME

W. J. Saunders
 (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.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Jane Saunders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23, 1850</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>6</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Wassonville Co. Missouri</u>		
13. NAME <u>Nathan Saunders</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Nancy Ann Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wassonville Co. Missouri</u>		
17. INFORMANT (ADDRESS) <u>J. M. Ackerson Osborne, Mo. R.F.D. #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cem.</u> DATE <u>2/14/36</u>		
19. UNDERTAKER (ADDRESS) <u>Paul W. Hagan Osborne, Mo.</u>		
20. FILED <u>June 10, 1937</u> <u>Lillie Rodgers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/11/36, 1936, to 2/12/36, 1936
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 A. m.
 The principal cause of death and related causes of importance were as follows:
Senility
 Date of onset _____

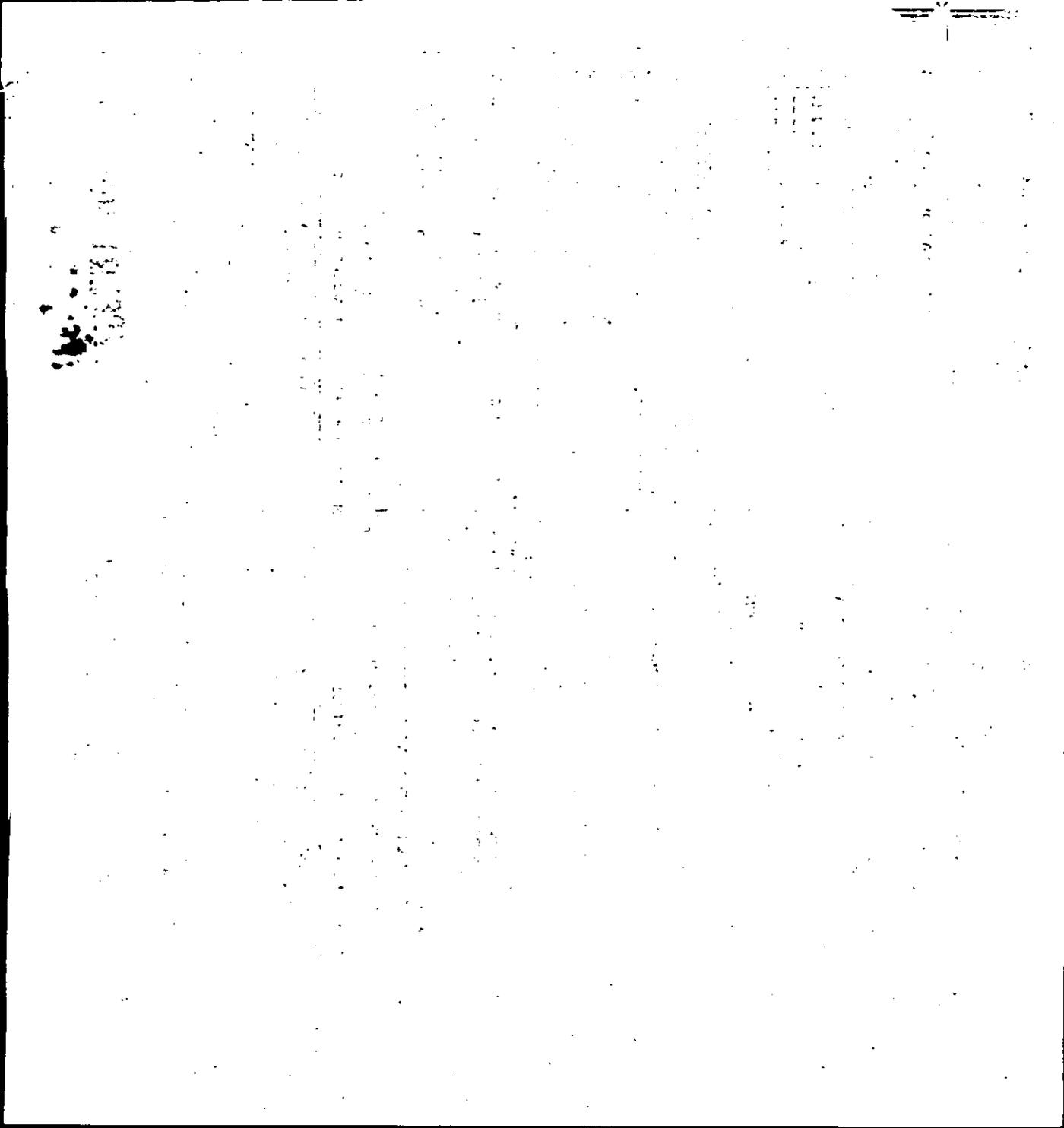
Other contributory causes of importance: _____

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

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? _____
 If so, specify _____
 (Signed) W. J. Saunders, M. D.
 (Address) Osborne, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Crawford Registration District No. 234
Township Earl Hill Primary Registration District No. 3319
City _____ (No. _____) St. _____ Ward _____

File No. 19861
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 6 9

OCCUPATION
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. _____
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) _____

MOTHER FATHER
13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Aug 2, 1937 Lellie Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw him alive on _____, 19____. 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 _____
Other contributory causes of importance: _____

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

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? _____
If so, specify _____
(Signed) W. G. Henderson, M. D.
(Address) Earl Hill

SUPPLEMENTARY

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