

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township McDonald
City Jasper - Route 2

Registration District No. 419
Primary Registration District No. 33-73

File No. 20428
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Charles Lee Sanders

(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 18 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>Lellie Belle Sanders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 21, 1864</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>8</u>
	DAYS <u>29</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>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>Lewis County Missouri</u>		
MOTHER	13. NAME <u>Bethuel Sanders</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Urburn Indiana</u>	
	15. MAIDEN NAME <u>Margaret Hickson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Urburn Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Lellie Belle Sanders Route 2 - Jasper, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gr. Oak Ben.</u> DATE <u>May 22, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Knee Martini Carthage, Mo.</u>		
20. FILED <u>May 21, 1937</u> <u>Wm. W. C. Hall</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936 to Nov 7, 1936
I last saw h. alive on Aug 15, 1936. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Hemorrhage from bowel
Other contributory causes of importance: No
Probably malignancy

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. J. Cordan, M. D.
(Address) Carthage 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.

