

JUL 31 1937

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

Do not use this space.

24699

1. PLACE OF DEATH

County Ray Registration District No. 915 File No. 24699
Township Knokville Primary Registration District No. 6236 Registered No. _____
City Polo (No. _____, _____ St. _____ Ward)

2. FULL NAME David 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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Sanders

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to June 10, 1937

I last saw him alive on June 10, 1937. Death is said to have occurred on the date stated above, at 3:00 pm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30, 1857

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 2 10

Cerebral Hemorrhage Date of onset 6-9-37

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) Nov. 1, 1936 11. Total time (years) spent in this occupation 40

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton County Indiana

FATHER 13. NAME William Sanders

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn

MOTHER 15. MAIDEN NAME Mary Barkman

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.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn

17. INFORMANT (ADDRESS) Mrs Carrie Sanders Polo, Mo.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE June 11, 1937

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Missouri

If so, specify (Signed) Chas Wilson, M. D.

20. FILED July 9, 1937 Naomis Ann Kelly Registrar

(Address) Polo 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.

