

NOV 24 1937

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

Do not use this space.

39024

1. PLACE OF DEATH

County Texas
Township Clinton
City (No.) St. Ward

Registration District No. 1027
Primary Registration District No. 6139

File No.
Registered No.

2. FULL NAME

Lewis Sanders

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 58 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 4

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. alright

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

13. NAME Lewis Sanders

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Pete Sanders mtn. road R. 6 m

18. BURIAL, CREMATION, OR REMOVAL PLACE Stubs DATE Oct 17 1937

19. UNDERTAKER (ADDRESS) Gaylord J. Elliott Cabool mo.

20. FILED Oct 15 1937 J. D. Matheman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8 - 1937, to Oct. 15 - 1937
I last saw him alive on Oct. 14 - 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Atherosclerosis
Date of onset

Other contributory causes of importance:

Name of operation AM 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) R. W. Blumley, M. D.
(Address) mtn. road 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.

