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.

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

Do not use this space.

1376

File No. 64
Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Sam Sanders 576

(a) Residence, No. 2005 Indep. Ave. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26-1876

7. AGE: YEARS 61 — MONTHS 2 ~~0~~ — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kentucky

FATHER
13. NAME K. W. Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha Workman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Maude Sanders 2005 Indep. Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrolton, Mo. DATE 1-7-38, 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Kansas City, Mo.

20. FILED Jan 6, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Cnw, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 720 P m.
The principal cause of death and related causes of importance were as follows:

Fracture of the skull — Date of onset

186a
8

Other contributory causes of importance:

Name of operation Autopsy 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? Accident Date of injury 1/4/38, 19
Where did injury occur? 545 Park Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Fell down basement steps
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

RECEIVED
FEB 18 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH