

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

Do not use this space.

REC'D MAR 14 1938

5568
634

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City Kan City (No. 3409-Myandette) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3409-Myandette 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist.
 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..... 1

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

FATHER 13. NAME Joseph Sanders

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jos. Sanders

18. BURIAL, CREMATION, OR REMOVAL PLACE Casterville, Mo DATE 2/5/38

19. UNDERTAKER (ADDRESS) Freezes Funeral Home

20. FILED 21 8 1938 Th In 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him/her alive on Jan 27, 19____. Death is said to have occurred on the date stated above, at 9:12 a.m.

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

gun shot wound of chest
 Other contributory causes of importance: 167

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 2-4-38

Where did injury occur? Mo. No. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury shot gun wound

Nature of injury _____

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

If so, specify _____

(Signed) Wm. H. ... M. D.

(Address) ...

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.

