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.

REC'D JUN 15 1938

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

Do not use this space.

18602

1. PLACE OF DEATH
County Jefferson
Township Allattin
City Rush Tower Mo (No. ..... St. ..... Ward)
Registration District No. 421
Primary Registration District No. 5576
File No.
Registered No. 48

2. FULL NAME Charles James Sanguinett
(a) Residence, No. ..... St., ... Ward. 525
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1870
7. AGE YEARS 67 MONTHS 7 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rush Tower Mo.

FATHER
13. NAME Charles J Sanguinett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

MOTHER
15. MAIDEN NAME Ida Becker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Carl Burley Festus R.F.D. 1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Telegraph DATE 5-5 1938
19. UNDERTAKER (ADDRESS) Fink Mud Co. Festus Mo
20. FILED 5/5, 1938 J. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 - 1938
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By Inquest, 19 duties ~~19~~
~~I last saw h alive~~ on May 3, 1938 Death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:
Acute Indigestion (Coroner's Verdict)
Date of onset
Other contributory causes of importance:
118C
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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?
If so, specify
(Signed) Frank Frazier, Coroner, M. D.
(Address) Festus, Mo.