

REC'D JUN 14 1938

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

18911  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571  
(b) Township Walker Primary Registration District No. 5769  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Billie Joe Sanders, 596

(a) Residence, No. Moniteau County St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No22. I HEREBY CERTIFY, That I attended deceased from 5-29-1938, to 5-30-1938, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6 1937I last saw him alive on 5-29-1938. Death is said to have occurred on the date stated above, at 11A m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 25

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Double Pneumonia Date of onset 5-19-3812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County

This case was treated by an Osteopath, until he adv. to dis them & was called in.  
Other contributory causes of importance: I did not consult with him, however and well was

13. NAME Mage Sanders14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriName of operation none Date of.....15. MAIDEN NAME Larange,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknownWhat test confirmed diagnosis? Clinical Was there an autopsy?.....17. INFORMANT Nellie Sanders,  
(ADDRESS) California Mo R F D 2

23. If death was due to external causes (violence), fill in also the following:

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Elston Cem DATE May 31 1938

Accident, suicide, or homicide?..... Date of injury....., 19.....

19. FUNERAL DIRECTOR (NAME) Jack Bowlin,  
(ADDRESS) California mo

Where did injury occur?..... (Specify city or town, county, and State)

20. FILED 5-21-1938 H.R. Popejoy  
Local Registrar. 5118

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? No

If so, specify.....

(Signed) H.R. Popejoy, M. D.(Address) California mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**