

REC'D JUL 12 1938

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

Do not use this space.

21072

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St Luke Hospital) St. _____ Ward _____

2. FULL NAME Edward N. Sanders 53
(a) Residence, No. _____ St. _____ Ward. Olesea, Mo.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>2</u>	<u>25</u>	

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) Oct 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Fayette Co. Mo.

13. NAME John Sanders

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT Mrs. Elizabeth Sanders (ADDRESS) Olesea, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Olesea Mo DATE June 23 1938

19. UNDERTAKER W. H. Husman (ADDRESS) Olesea Mo

20. FILED June 23 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1938

22. I HEREBY CERTIFY, that I attended deceased from 5-23, 1938, to 6-23, 1938.
I last saw him alive on 6-23, 1938. Death is said to have occurred on the date stated above, at 1004A.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset 1860

Other contributory causes of importance:
Compression fracture 8th dorsal vertebra

Name of operation Spine stabilization Date of 5-31-38
What test confirmed diagnosis? Electrocardiogram 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 _____
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 Acc fall
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Duncan W. McKeever M. D.
(Address) Prof. Bldg. K. C. 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.

