

DEC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cate Registration District No. 125
Township 1 Primary Registration District No. 309
City Cate (No. ST. Francis Hosp. St. 6 Ward)

File No. 21501Registered No. 161

2. FULL NAME

Archie Frazier Sanders

(a) Residence, No. 6 St. 6 Ward. Commerce, 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 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) Feb 20, 1901
7. AGE YEARS 37 MONTHS 3 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former
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) Commerce, Twp (STATE OR COUNTRY) Scott Co, Mo13. NAME Fillmore Sanders14. BIRTHPLACE (CITY OR TOWN) Scott, Co (STATE OR COUNTRY) Mo15. MAIDEN NAME Sarah Odum16. BIRTHPLACE (CITY OR TOWN) Scott, Co (STATE OR COUNTRY) Mo17. INFORMANT Rich Sanders (ADDRESS) Commerce Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cate Commerce DATE 6/31 193819. UNDERTAKER Prep. House, Dubbed (ADDRESS) Chaffee Mo20. FILED 6-11-38 J.M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-193822. I HEREBY CERTIFY, That I attended deceased from 6/5, 1938 to 6/11, 1938I last saw him alive on 6/11, 1938. Death is saidto have occurred on the date stated above, at 3:00 P. m.

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

Date of onset

Appendicitis
Heart

Other contributory causes of importance: HeartName of operation Peritonitis Date of 6/7What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) Admitt, M. D.(Address) Rich Sanders

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

