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 AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 295 — File No. 25276
36 Township Meramec — Primary Registration District No. 5412 — Registered No.
City ~~Sullivan,~~ (No. , St. Ward)

2. FULL NAME Jacob L. Souders, 360
(a) Residence, No. Sullivan, Mo. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosie Souders,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2nd. 1862,

7. AGE: YEARS 76 — MONTHS 5 — DAYS 25 — 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): Gasconade Co. Mo. 0

FATHER
13. NAME: Jacob Souders, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri, 0

MOTHER
15. MAIDEN NAME: Ellen Ridenhour,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri,

17. INFORMANT (ADDRESS): Rosie Souders, Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill, Mo. DATE July 29 1938

19. UNDERTAKER (ADDRESS): J. T. Williams, Sullivan, Mo.

20. FILED 7/29 1938 Edgar W. Laffoon, Registrar. 21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 27th., 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938 to July 27, 1938 I last saw him alive on July 27, 1938. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	July 1938
120 B.	

Other contributory causes of importance: Senility

Name of operation — Date of
What test confirmed diagnosis? Physical — Was there an autopsy?

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) R. P. Rouse, M. D.
(Address) Sullivan, Mo