

LE'S JUN 20 1939

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

Do not use this space.

18446

1. PLACE OF DEATH

County Cole
Township Clark
City 536 (No. _____)

Registration District No. 212
Primary Registration District No. 5292

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME Louis W. Sanders

(a) Residence, No. Russellville Mo. R.F.D. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Sanders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7, 1871</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY) 0

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) 9

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Mrs Louis Sanders (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE String town Int. Cem. DATE 5-11-39

19. UNDERTAKER Wm. H. Schuchert (ADDRESS) Russellville Mo.

20. FILED May 10 1939 Wm. J. S. Galt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1939, 19, to May 9, 1939, 19.

I last saw him alive on May 9, 1939, 19. Death is said

to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

penetrating Gunshot. Wound in center of Fore head, self inflicted

Date of onset 5-9-39

Other contributory causes of importance: 16'

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury May 9, 1939

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

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self inflicted head

Nature of injury Penetrating Gunshot Wound in Fore

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Walter J. Letic M. D.

(Address) Russellville 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.

JUL 30 1958