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.

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

Do not use this space.

File No. 39441

Registered No.

1. PLACE OF DEATH
County: Dade
Township: Lafayette
City: (No. St. Ward)
Registration District No. 286
Primary Registration District No. 6260

2. FULL NAME: Case Arthur Saunders Sr.

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 58 yrs. 8 mos. 14 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. 16-1881

7. AGE: Years 58 | Months 8 | Days 14 | 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.: 0
10. Date deceased last worked at this occupation (month and year): 0
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade Co Mo

FATHER
13. NAME: Kirk F Saunders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade Co Mo

MOTHER
15. MAIDEN NAME: Olive Denton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade Co Mo

17. INFORMANT: Omar Saunders
(ADDRESS): Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Burial Antioch DATE: 10/31, 1939

19. UNDERTAKER: Mason & Emmons
(ADDRESS): Nevada Mo

20. FILED: Nov 28 1939 Mark A. Stapp, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to Oct 30, 1939
I last saw him alive on Oct 27, 1939. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy Cardiac Disease	
Arteriosclerosis	
Other contributory causes of importance: 0	

Name of operation: No Date of: 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 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.
0
Manner of injury: 0
Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. R. Miller M. D.
(Address) Greenfield Mo

RECEIVED

District Health Officer No. 6,

District File Number 1239-2550

Date Filed DEC 1 1 1939