

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

Do not use this space.

1. PLACE OF DEATH

County Buller 2 Registration District No. 88
Township Neely Primary Registration District No. 5130
City Neelyville

File No. 42896
Registered No. 35
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode) about

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 1865
7. AGE YEARS 73 MONTHS 8 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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 life

12. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Indiana

13. NAME Joe Sanders 9

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Indiana

17. INFORMANT Irene Sanders (ADDRESS) Corning Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville DATE 12/22 1939

19. UNDERTAKER Libby Funeral Service (ADDRESS) Corning Ark

20. FILED 12-21 1939 Offenhausen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1939 to 12-20 1939
I last saw him alive on 12-20 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach. Date of onset 1938

Other contributory causes of importance: H. b.

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? _____ 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) L. F. Farr M. D.
Neelyville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

