

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

Do not use this space.

1973

**1. PLACE OF DEATH**

County Linn  
Township Brookfield  
City Brookfield (No. ....)

Registration District No. 496  
Primary Registration District No. 3025

File No. ....  
Registered No. 9  
St. .... Ward)

**2. FULL NAME**

James Monroe Saunders  
(a) Residence No. 307 W. Clayton St. 4th Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Mattie Saunders</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 16 1866</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>25</u>	IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work carpenter 29  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Chariton County  
(STATE OR COUNTRY)

10. NAME OF FATHER Buck Saunders

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY) Chariton County

12. MAIDEN NAME OF MOTHER Lucy Prater

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY) Chariton County

14. INFORMANT x Bertha L. Kendall  
(Address) 307 W. Clayton St.

15. FILED 1-12-1931 Bessie M. Fore  
REGISTRAR  
Deputy

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 1, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Ch. Myocarditis  
93C

Unknown (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS of unusual type  
(Signed) James Evans, M. D.

1-12, 1931 (Address) Brookfield Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bucklin Mo. DATE OF BURIAL 1-19 1931

20. UNDERTAKER James I. Bowden, Brookfield  
ADDRESS

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.

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