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 very important.

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

Do not use this space.

35964

1. PLACE OF DEATH
County: Charton.
Township: Charton.
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 175
Primary Registration District No. 5248

File No. .....
Registered No. 63

2. FULL NAME Gus Sanders.

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Emma Sanders.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	1	13	

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) Germany

FATHER

13. NAME Herman Sanders.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Not Known.

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

17. INFORMANT (ADDRESS) Herman Sanders. Forest Green Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Green. Missouri. DATE 11-26 1933

19. UNDERTAKER (ADDRESS) Tony Hillen. Glasgow Missouri.

20. FILED 12/2 1933 W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1933

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 5th cervical vertebra due to being struck by a falling tree	11-24-33
174 B	
Other contributory causes of importance	
Fracture of left femur	11-24-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-24 1933

Where did injury occur? Forest Green, Charton, Missouri (Specify city or town, county, and State)

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

Manner of injury Struck by a falling tree

Nature of injury Fracture of 5th cervical vertebra

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. L. Herman, M. D.

(Address) Salisbury Mo