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

Do not use this space.

36550

File No. .....

Registered No. 4471

1. PLACE OF DEATH

County Jackson — Registration District No. 389

Township Kaw — Primary Registration District No. 395

City Kansas City (No. 2015 E. 73 St., Ward)

2. FULL NAME Gus H. Saunders

(a) Residence, No. 2015 E. 73 St., 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Goldie Saunders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-1-1882

7. AGE: Years 50 51 — Months 0 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: owner

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): Iowa

FATHER

13. NAME: Thomas Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna

MOTHER

15. MAIDEN NAME: Josephine Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT: Mrs. Goldie Saunders
(ADDRESS) 2015 E. 73rd K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 11/14 1933

19. UNDERTAKER: Hine & McClure
(ADDRESS) City

20. FILED Nov 14 1933 — 4 p.m. — Lerome — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/12 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov. 19 to ....~~ 1933, 19....

I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 11 A.M.

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

Gun shot wound of head — Date of onset

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Other contributory causes of importance: none

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Name of operation none Date of ....

What test confirmed diagnosis? .... Was there an autopsy? Yes

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

Accident, suicide, or homicide? Suicide Date of injury 11/12 1933

Where did injury occur? K.C. Mo. (Specify city or town, county, and State)

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

Manner of injury Gun shot wound of head

Nature of injury ....

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

If so, specify ....

(Signed) J. Hawkins, M. D.

(Address) 17 S. ....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 8 1934

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Dr Lopez