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

NOV 25 1935

Do not use this space.

32528

1. PLACE OF DEATH

County Holt — Registration District No. 371 — File No.

Township Clay — Primary Registration District No. 4217 — Registered No. 8

City Maitland Mo. (No. ..... St. ..... Ward)

44

4

2. FULL NAME Mr. Charles H. Sanders

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

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: Not married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/30/1860

7. AGE: 74 YEARS ~~75~~ MONTHS 8 DAYS 23 — 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.: —
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): Maitland, Missouri.

FATHER

13. NAME: Aaron Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Emma Schooler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): George H. Sanders, Maitland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maitland K.P. DATE Oct. 25, 1935

19. UNDERTAKER (ADDRESS): Campbell Funeral Home, Maitland, Mo.

20. FILED Oct. 23, 1935 Vern D. Stout, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1935, to Oct. 23, 1935

I last saw him alive on Oct. 21, 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Chronic Nephritis — Date of onset: yrs ago

46

Primary duodenum

Other contributory causes of importance: Possibly Cancer of the Duodenum & Liver — History of a Black spot in duodenum found at Mayo Clinic 8 yrs ago

Name of operation: none — 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? ✓ 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 ✓ none

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

If so, specify ✓

(Signed) Ira Williams, M. D.

(Address) Maitland, Mo.

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.

MARGIN RESERVED FOR BINDING

V.S. No. 2 100M-11-24-33