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.

DEC 21 1935

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

Do not use this space.

36940

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 349
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. Bothwell Hosp. St. Ward)

2. FULL NAME Norman Eugene Sands
(a) Residence, No. 501 E. Harvey 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1934
7. AGE: YEARS 401 ? MONTHS 2 DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Sedalia Missouri

FATHER
13. NAME H. B. Sands
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary J. Shell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) H. B. Sands Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Nov 9 35
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia
20. FILED Nov 9 1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1935 to Nov 7 1935
I last saw him alive on Nov 7 1935. Death is said to have occurred on the date stated above, at 11:00 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Illeus Colitis	
119 b	

Other contributory causes of importance:
Digestive Bacterial Infection

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) D. W. E. Snowell M. D.
(Address) Sedalia Mo