

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County ScottRegistration District No. 5

Township

Primary Registration District No. 4City Commerce (No. 1)File No. 9025

Registered No. _____

St. _____

Ward) _____

2. FULL NAME Arthur Ann 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

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27 - 1936

7. AGE

YEARS

MONTHS 2DAYS 9

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, 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) Commerce, Missouri13. NAME Filmore Sanders14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Commerce, Mo.15. MAIDEN NAME Nattie Henson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Chair, Mo.17. INFORMANT (ADDRESS) Filmore Sanders, Commerce, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cardale Cem DATE 2-7-3719. UNDERTAKER (ADDRESS) W. P. Stubbard, Springfield, Mo.

20. FILED _____

19. _____

Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 . 19 3722. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937, to Feb 5 1937I last saw h. eat. alive on Feb 4 1937 Death is said to have occurred on the date stated above, at 4 P m.

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

broncho pneumonia Date of onset _____

Other contributory causes of importance:

Influenza

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? _____

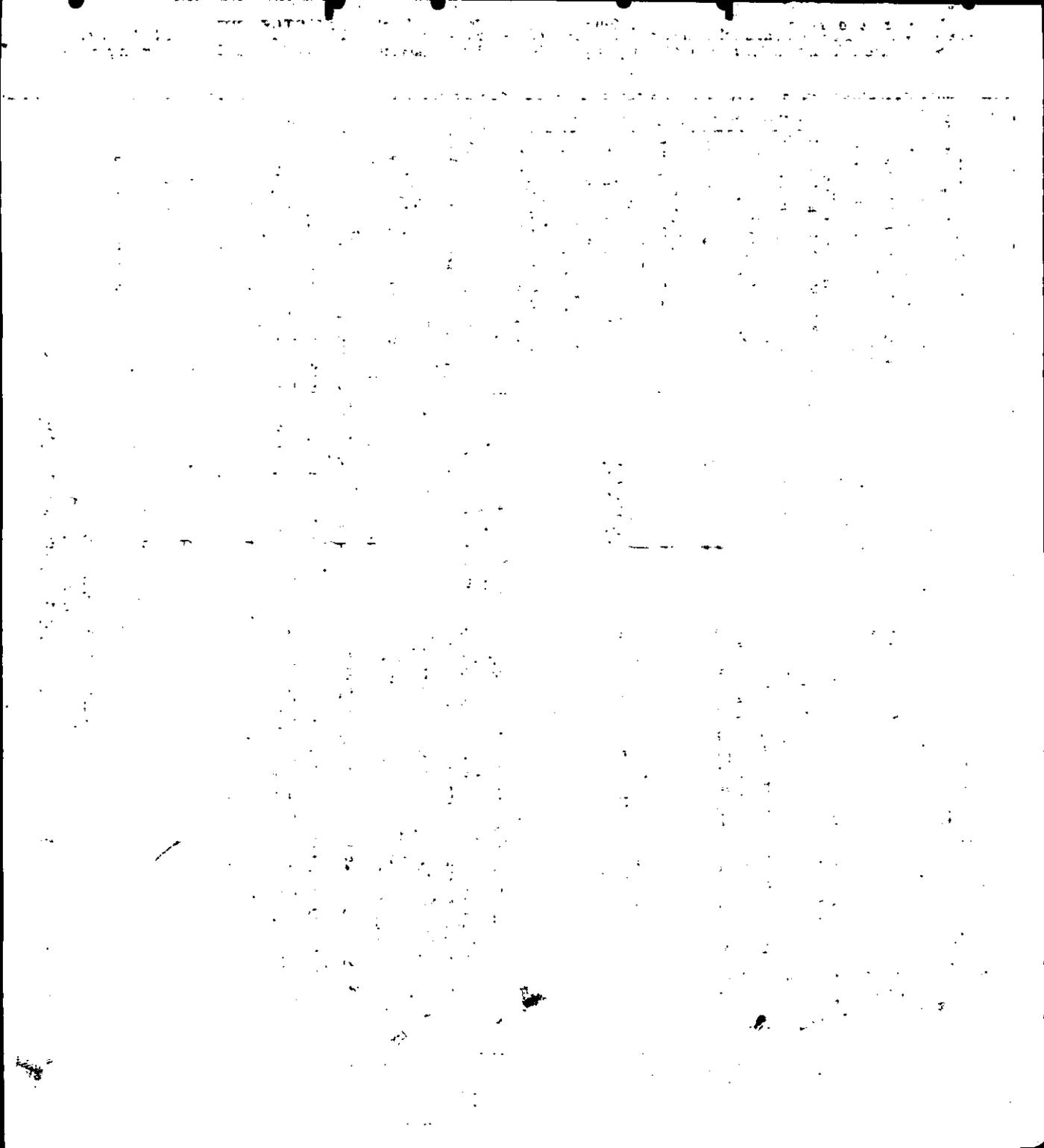
If so, specify _____

(Signed) W. P. Stubbard(Address) Benton Mo

, M. D.

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 CAPS AND UNDERSCORES. THIS IS A PERMANENT RECORD.



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

Do not use this space.

1. PLACE OF DEATH

County Scott

Registration District No. 817

File No. 9025

Township _____

Primary Registration District No. 4493

Registered No. _____

City Commerce (No. _____)

St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wf

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than day, or
		<u>2</u>	<u>9</u>	

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) Commerce Missouri

13. NAME Filmore Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Commerce Mo

15. MAIDEN NAME Katie Henson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Prairie Mo

17. INFORMANT (ADDRESS) Filmore Sanders Commerce Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakdale DATE 2-7 1937

19. UNDERTAKER (ADDRESS) Displing Hoff Hubbard

20. FILED 4.28 1937 to F detint

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to Feb 4 1937. I last saw him alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 4 P. m.

Principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Other contributory causes of importance:

Influenza

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) W. P. Haw, M. D.

(Address) Commerce Mo

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.

SUPPLEMENT

5206-5