

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

Do not use this space.

66D APR 11 1939

10312

1. PLACE OF DEATH

14 County Calloway
Township St. Aubert

Registration District No. 105
Primary Registration District No. 2154

File No. _____
Registered No. 6
St. _____ Ward)

City _____ (No. _____)
2. FULL NAME Charles Edward 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 male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)
Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1865

7. AGE YEARS 73 MONTHS _____ DAYS _____ 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. (Retired)
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) Calloway County Missouri

FATHER
13. NAME James Sanders

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

MOTHER
15. MAIDEN NAME Tilda Spillars

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Cramer Sanders Mokane, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mokane **DATE** March 5, 1939

19. UNDERTAKER (ADDRESS) Glen Y. Maupin 700 Center St. Fulton, Mo.

20. FILED 3/11/39 W. W. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to 3-3, 1939

I last saw him alive on 3-3-1939 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Cerebral hemorrhage Date of onset 9-3-39

Other contributory causes of importance:

Chronic hypertension - Nephrosclerosis - Arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical + X-ray 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. D. Payne M. D.
(Address) R. # 5 Fulton, Mo.
107

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.

