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

Do not use this space. Edwards

25660

File No. 9

Registered No. ____

Registration District No. 865

Primary Registration District No. 6143

AUG 26 1930

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.

1. PLACE OF DEATH
County Pike
Township Cave
City Cabool (No. ____, ____ St. ____ Ward)

2. FULL NAME Kenneth 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: Mal
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 26 -20

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
10	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Okla
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER W. T. Sanders
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Sorrells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Neb.
(STATE OR COUNTRY)

14. INFORMANT W. T. Sanders
(Address) Cabool

15. Filed July 31, 1930 R. P. Cubbard REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1930, to July 30, 1930, that I last saw h. alive on July 29, 1930 and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
56E.
91A.
(duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Acute articular Rheumatism
(duration) ____ yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED? Stat
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Edwards, M. D
July 31 1930 (Address) Cabool Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cabool — DATE OF BURIAL: July 31 1930

20. UNDERTAKER: Garland V. Elliott — ADDRESS: Cabool