

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

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		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>St. Francois</i>	Registration District No.	<i>774</i> File No. <i>2262</i>
Township		Primary Registration District No.	<i>4465</i> Registered No. <i>13</i>
Village		City	<i>Flat River</i> (NO. St. Ward)
2 FULL NAME <i>Mr. Henry Sands</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>married</i>	16 DATE OF DEATH <i>Jan 24</i> 191 <i>5</i>
6 DATE OF BIRTH <i>March 8</i>	7 AGE <i>52 yrs 11 mos 15 ds</i>	8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Janitor</i>	17 I HEREBY CERTIFY, that I attended deceased from <i>Jan 23</i> 191 <i>5</i> to <i>Jan 24</i> 191 <i>5</i> , that I last saw him alive on <i>Jan 24</i> 191 <i>5</i> , and that death occurred, on the date stated above, at <i>9 P.M.</i>
9 BIRTHPLACE (City or town, State or foreign country) <i>Ill.</i>	10 NAME OF FATHER <i>William Sands</i>	11 BIRTHPLACE OF FATHER <i>Ill.</i>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death <i>11</i> yrs <i>11</i> mos <i>15</i> ds. In the State <i>Mo.</i>
12 MAIDEN NAME OF MOTHER <i>Martha Roberson</i>	13 BIRTHPLACE OF MOTHER <i>Ill.</i>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Mrs. W. H. Sands</i>	19 PLACE OF BURIAL OR REMOVAL <i>Blvins, Mo</i> DATE OF BURIAL <i>Jan 25</i> 191 <i>5</i>
15 Filed <i>Jan 24</i> 191 <i>5</i> <i>Dr. Topping</i>	20 UNDERTAKER <i>J. H. English</i>	ADDRESS <i>Flat River</i>	