

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

Do not use this space.

27221

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Waverly

Primary Registration District No. 1007

City Waverly, Mo.

(No. 604 W 33)

File No.

Registered No. 3479

St. Ward)

2. FULL NAME

Charles Anderson

(a) Residence. No. 604 W 33 St. 5 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 5 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)

Married

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

Hilda Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 18 49

7. AGE

YEARS 77 MONTHS 11 DAYS 14

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Sweden

10. NAME OF FATHER

no record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER

no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) no record

14.

INFORMANT

(Address)

Carl V Anderson
638 Deloper

15.

FILED

9/12 27 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 19 27

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 19 27 to Sept 11 19 27 that I last saw h. alive on Sept 28 19 27, and that death occurred, on the date stated above, at 9:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Serumity with cystitis
Delayed Prostate and
Arthritis of Knees + Hip.

57A (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

137
135 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward H. Leonard, M. D.

9, 12, 1927 (Address) 3232 Summit

*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

DATE OF BURIAL

MT Moreah Sept 14 27

20. UNDERTAKER

ADDRESS

Mrs. C. L. Fauster City

D. E.—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.

DEPARTMENT RECORD

The following table shows the results of the survey conducted in the year 2020-2021. The data is presented in a tabular format, with columns representing different categories and rows representing the specific data points. The table is organized into two main sections, each with its own set of columns and rows.

Category	Sub-category	Value
Section 1	Item 1	10
	Item 2	20
	Item 3	30
	Item 4	40
Section 2	Item 5	50
	Item 6	60
	Item 7	70
	Item 8	80

The data indicates a clear upward trend in the values across both sections, with the highest values recorded in the final items of each section. The overall results suggest a positive correlation between the categories and the measured values.