

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

Do not use this space.

28747

**1. PLACE OF DEATH**

County Sumner Registration District No. 500  
Township North Primary Registration District No. 5665  
City Brookfield (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. RFD 1 Sumner 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1929  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 5 24

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) Brookfield Mo

13. NAME Floyd Anderson

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

15. MAIDEN NAME Mildred Mallett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

17. INFORMANT (ADDRESS) Floyd Anderson Sumner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede Cemetery DATE Aug 30 1931

19. UNDERTAKER (ADDRESS) Hunter, Rollins Brookfield Mo

20. FILED 8/28 1931 J. N. Duesch Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1931 to Aug 28 1931  
I last saw him alive on Aug 24 1931. Death is said to have occurred on the date stated above, at 7 a. m.  
The principal cause of death and related causes of importance were as follows:

Measles  
7/4 A 24  
Other contributory causes of importance: Tuberculous Meningitis  
Date of onset May 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cerebral Spinal Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. Lane Evans M. D.  
(Address) Brookfield Mo  
Aug 28 - 31

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.

SEP 24 1931

WHILE PRINTING WITH CHANGING MATERIALS IS A PERMANENT RECORD

