

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

Do not use this space.

982

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 20
 Township North Primary Registration District No. 3000 Registered No. 20
 City N. Centre (No. 37634) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 644613 St. 2 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1858

7. AGE YEARS 73 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) La 2

MOTHER FATHER 13. NAME Jas. L. Anderson

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

MOTHER 15. MAIDEN NAME Isabelle Henderson

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

17. INFORMANT B. B. Anderson (ADDRESS) 2922 Front, ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE Jan - 4 - 1932

19. UNDERTAKER Mrs. P. L. Fortner (ADDRESS) 919 Broadway, ave

20. FILED Jan 5 1932 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1931, to Jan 4, 1932

I last saw him alive on Jan 3, 1932. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Right leg injured 65 years ago, has been discharging ulcer since, ending in death inflammation and swelling and blood poisoning Date of onset

Other contributory causes of importance:

PHB
36

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) M. M. Crowe, M. D.
 (Address) 5312 Highland ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated exactly.

3310 Highland Li-6101