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

Do not use this space.

File No. 29530

Registered No.

1. PLACE OF DEATH

48 County Jackson — Registration District No. 403.

Township Brooking — Primary Registration District No. 5557

City HICKMAN MILLS (No. RURAL ROUTE # 2 St. Ward)

2. FULL NAME ALBERT G ANDERSON

(a) Residence, No. RURAL ROUTE # 2 St., Ward. HICKMAN MILLS MO.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) ~~WIFE OF~~ MRS. SARAH ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-26-1846

7. AGE: YEARS 86 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
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) MISSOURI 1

FATHER

13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME MULDROW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 1

17. INFORMANT MRS. J. S. EATON
(ADDRESS) HICKMAN MILLS, MISSOURI - R.R.#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE PALMYRA, MO. DATE 9-30- 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9-30- 1932 W. W. HOBBS, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, to Sept 25, 1932

I last saw him alive on Sept 25, 1932 Death is said to have occurred on the date stated above, at About 10:30 A.m.

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

Senility — Date of onset

Chronic Myocarditis

93C

110V

Other contributory causes of importance:

93 3

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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?

If so, specify

(Signed) C E Kratz DO ~~M.D.~~

(Address) 3527 Broadway KCMo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

OCT 26 1932

VS. NO. 2

Rev. C. G. [illegible]
3527 Broadway
3:30 - 4:30