

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**

Primary Registration District No. **1008**

(No. *Peoples Hospital*)

18711

File No. **5287**

Registered No. **5287**

St. _____ Ward)

2. FULL NAME

Charles Anderson

(a) Residence, No. **213 Biddle** St., **21** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 23, 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **4-26, 1937** to **5-23, 1937**

I last saw him alive on **5-23, 1937**. Death is said to have occurred on the date stated above, at **10.35 AM**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 37**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

Rheumatic Heart Disease
Date of onset

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. **Nil**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance: **95%**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

13. NAME **West Anderson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

15. MAIDEN NAME **Hula Brown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass**

17. INFORMANT **Leona Anderson**
(ADDRESS) **213 Biddle St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **May 29, 1937**

19. UNDERTAKER **E. L. Garner**
(ADDRESS) **2829 Washington**

20. FILER **J. F. Bredeck**
(ADDRESS) **3447 Pine Street**
Registral.

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 **Edgar J. Woodson, M.D.**
(Signed) **3447 Pine Street**
(Address)

MAY 27 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

