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

PLACE OF DEATH

County Audrain

Township Prairie

or Village near Rush Hill Mo

or City ______ (No. ______ St.; ______ Ward)

Registration District No. 24

Primary Registration District No. 5033

File No. 23565 2

Registered No. ______

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Arthur C. Anderson

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR OR RACE	white
SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Married
DATE OF BIRTH	Jan (Month) 20 (Day), 1860 (Year)
AGE	51 yrs. — mos. — ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work	Labored f.c.b.
(b) General nature of industry, business, or establishment in which employed (or employer)	Farm work
BIRTHPLACE (City or town, State or foreign country)	Montgomery Co Mo
NAME OF FATHER	William Anderson
BIRTHPLACE OF FATHER (City or town, State or foreign country)	Montgomery Co Mo
MAIDEN NAME OF MOTHER	Elizabeth Wade
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Anderson

(ADDRESS) Rush Hill Mo

Filed July 30, 1911 ~~[illegible]~~ REGISTRAR
F M Monroe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 28 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from July 28, 1911, to July 28, 1911, that I last saw h___ alive on ______, 191___, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

apoplexy 64

8 A

(Duration) Death was instant ___ mos. ___ ds.

Contributory (SECONDARY) over exertion

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. E. Corzett M. D.

___ 191___ (Address) Rush Hill Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs 10 mos. ___ ds. In the State 51 yrs 6 mos. 2 ds.

Where was disease contracted if not at place of death? at place Death

Former or usual residence near Rush Hill Mo

PLACE OF BURIAL OR REMOVAL: near Florence Mo

DATE OF BURIAL: July 30 1911

UNDERTAKER: H. W. Agdel

ADDRESS: Laddonia Mo

PLACE OF DEATH

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

County.....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

..... (Month) ....., 1..... (Day) (Year)

AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

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

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

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed ....., 191....., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

....., 191.....
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ....., 191....., to ....., 191....., that I last saw h..... alive on ....., 191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL ....., 191.....
UNDERTAKER	ADDRESS