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.

CERTIFICATE OF DEATH

5426

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 576

City Hannibal (No. 1802, Grace St. 6 Ward)

2. FULL NAME August D. (Bud) Anderson

(a) Residence. No. 1802 Grace St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
XX HUSBAND OF ~~OR WIFE OF~~ XX Lillian Lue Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	47	4	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Pike, Co. Mo.

PARENTS

10. NAME OF FATHER Agust Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Rachel Elzea

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virg.

14. INFORMANT Lillian Anderson
(Address) 1802 Grace St. Hannibal, Mo.

15. FILED 7/14, 1927 C E Strode
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1927, to Feb. 18, 1927, that I last saw or alive on Feb. 18, 1927, and that death occurred, on the date stated above, at 11:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis due to Cerebral Thrombosis

(duration) yrs. 1 mos. No ds.

CONTRIBUTORY (SECONDARY) Pulmonary Edema

(duration) yrs. mos. 3 wks 2 ds.

74 B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hannibal, Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Ney Wasserman

(Signed) C. W. Grove, D.O. M.D.

, 19 (Address) 500 Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet — DATE OF BURIAL 2/20 1927

20. UNDERTAKER Wm. M. Smith — ADDRESS Hannibal 2/10