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

Do not use this space.

13924

JUN 2 1927

1. PLACE OF DEATH

County Stoddard. Registration District No. 838 File No.

Township Primary Registration District No. 4509 Registered No. 91

City Dexter (No. , St. Ward)

2. FULL NAME Kenneth William Anderson.

(a) Residence. No. St., 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-28-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	3	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dexter
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Anderson.

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

12. MAIDEN NAME OF MOTHER Effie Treat.

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

14. INFORMANT Frank Anderson
(Address) Dexter Mo.

15. FILED 4/30/ 1921 F. LaRue. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-28-1927

17. I HEREBY CERTIFY, That I attended deceased from April 20-1927, to April 28, 1927 that I last saw him alive on April 28, 1927 and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

108 101a

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) F. LaRue, M. D

, 19 (Address) Dexter Mo.

*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 Old Bethel. DATE OF BURIAL 4-29-1927

20. UNDERTAKER C. I. Biggs ADDRESS Dexter Mo.

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.