AUG 17 1927

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

Do not use this space.

22022

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No.
Township ~~Monroe~~ — Primary Registration District No. 4343 — Registered No. 26
City Monroe City (No. 118 Court St. Ward)

2. FULL NAME Jerome B. Anderson
(a) Residence. No. 118 Court St., 2 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11th 1851.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
75	10	6	

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

9. BIRTHPLACE (CITY OR TOWN) Dover,
(STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER H. K. Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dover Ohio.
12. MAIDEN NAME OF MOTHER Catherine Hiles.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dover.
(STATE OR COUNTRY) Bracken Co Kentucky

14. INFORMANT Mrs C H Ridgeway
(Address) Monroe City Mo.

15. FILED 7/18, 1927 O. W. Wilson Deputy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-17 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925, to July 17, 1927 that I last saw him alive on July 15, 1927, and that death occurred, on the date stated above, at 11.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tabes Dorsalis
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Not known
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) John H Ribbe, M. D
7/18, 1927 (Address) Monroe City 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: St. Judes Cemetary — DATE OF BURIAL: July 19 1927

20. UNDERTAKER: Wilson and Son — ADDRESS: Monroe City Mo

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

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.