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

Do not use this space.

27586

File No. .....

Registered No. ~~194~~ 121

1. PLACE OF DEATH

County Jasper

Township .....

City Webb City (No. ..... St. ..... Ward)

Registration District No. 417

Primary Registration District No. 3021

2. FULL NAME Bailey B. Anderson

(a) Residence. No. 216 N. Roan St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 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~~ HUSBAND OF ~~(OR) WIFE OF~~ Tressa Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 17 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	10	30	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith Mineral

(b) General nature of industry, business, or establishment in which employed (or employer) Lead & Zink

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Webb City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Geo. Anderson

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

12. MAIDEN NAME OF MOTHER Elmira Barlow

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

14. INFORMANT Tressa Anderson
(Address) Webb City Mo.

15. FILED 9-16, 1927 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1927

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1927, to Sept 15, 1927, that I last saw him alive on Sept 15, 1927, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Typhoid Fever

(duration) yrs. 4 mos. 8 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Picher, Okla.

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Widal Reaction

(Signed) George W. Cox, M.D.

9/19, 1927 (Address) Webb 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 Mt. Hope Cem. DATE OF BURIAL Sept 19 1927

20. UNDERTAKER Webb City Und Co ADDRESS Webb City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.