

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

Do not use this space.

31117

**PLACE OF DEATH**

County Camden  
Township Little Chazy  
City Cantharville (No. ....)

Registration District No. 5.01  
Primary Registration District No. 5.862

File No. ....  
Registered No. 139  
St. .... Ward)

**2. FULL NAME**

Leonard 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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 3 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work home  
(b) General nature of industry, business, or establishment in which employed (or employee) ....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Humboldt  
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Earley Anderson

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

12. MAIDEN NAME OF MOTHER Blanche Wilson

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

14. INFORMANT Dr. Stanley  
(Address) Cantharville, Mo.

15. FILED Nov. 3 1927 Aida Martin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1927

17. I HEREBY CERTIFY That I attended deceased from Sept. 28, 1927 to Oct. 4, 1927  
that I last saw him alive on Oct. 4, 1927, and that death occurred, on the date stated above, at 1 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute ileocolitis

CONTRIBUTORY (SECONDARY) 119B / 113B (duration) yrs. mos. ds. 7

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? J. P. Pringle M. D.

(Signed) J. P. Pringle M. D.

Oct. 4, 1927 (Address) Cantharville, 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 Mason Cemetery

DATE OF BURIAL Oct 5, 1927

20. UNDERTAKER Friends

ADDRESS Cantharville

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.

1927

NOV 20

PARENTS

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