

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

Do not use this space.

37736

JAN 26 1928

1. PLACE OF DEATH.

County Carroll

Registration District No. 661

Township Carroll

Primary Registration District No. 4988

City Carrollville (No. 1)

File No. 176

Registered No. 176

St. Mo. Ward 1

2. FULL NAME

(a) Residence. No. Carrollville St. Mo. Ward 1

(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)

-

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

-

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-16-27

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7

2

8. OCCUPATION OF DECEASED

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

None

(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) Carrollville Mo.

10. NAME OF FATHER

Tom Anderson

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

Mo.

12. MAIDEN NAME OF MOTHER

Goldie Diell

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

Kentucky

PARENTS

14. INFORMANT

(Address) Tom Anderson
Carrollville Mo.

15. FILED

Dec. 19, 1927 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-18-27

17.

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1927, to Dec 18, 1927, that I last saw him alive on Dec 18, 1927, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metastatic Meningitis
107A
19A

(duration) yrs. mos. ds. 2 ds.
CONTRIBUTORY (SECONDARY) Bronchial Pneumonia
(duration) yrs. mos. ds. 5 ds.

18. WHERE WAS DISEASE CONTRACTED 100A
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? NO

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) St. McKenney, M. D.
1720, 1927 (Address) Carrollville 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

DATE OF BURIAL

Maple Cemetery

17/19 1927

20. UNDERTAKER

H. J. Smith Carrollville Mo.

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.

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