MAR 21 1928

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

Do not use this space.

1. PLACE OF DEATH

County Ste Genevieve — Registration District No. 781 — File No. 6167

Township Bremen — Primary Registration District No. 4467 — Registered No.

City St Marys (No. ..... St. ..... Ward)

2. FULL NAME Rozier Charles 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	w	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home 159
(b) General nature of industry, business, or establishment in which employed (or employer) 106
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Kenneth Anderson

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

12. MAIDEN NAME OF MOTHER Emilie Rozier

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

14. INFORMANT Mrs Kenneth Anderson
(Address) St Mary's Mo

15. FILED 2/11, 1928 Philip Thomure REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/11/ 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7th, 1928, to Feb 11th, 1928, that I last saw him alive on Feb. 11th, 19.., and that death occurred, on the date stated above, at 4:24 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis — was prematurely born; on about the 238th day of gestation.
(duration) yrs. mos. 35 ds.

CONTRIBUTORY (SECONDARY) Catarrhal Rhinitis
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1610
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John A. Wilkens, M. D
2/11/, 1928 (Address) St. Marys 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
St Mary's Mo	Feb 12 1928
20. UNDERTAKER John Basler Sr, Genevieve Mo	ADDRESS

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.