

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

Do not use this space.

7589

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.

MAR 21 1928

1. PLACE OF DEATH
 County..... Worth Registration District No. 904
 Township..... Dunbar Primary Registration District No. 4546
 City..... Sheridan (No. St. Ward) (If nonresident give city or town and State)

2. FULL NAME..... Frederick Henry Andersson
 (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 White 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) July 14 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I day, hrs. or min.
	6		28	

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) Sheridan
 (STATE OR COUNTRY) MO.

10. NAME OF FATHER Guy Anderson

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

12. MAIDEN NAME OF MOTHER Margaret Winemiller
 (STATE OR COUNTRY) Missouri

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

14. INFORMANT Guy Anderson
 (Address) Sheridan MO

15. FILED 2/11, 1928 J.W. Nigh
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Feb 9, 1928, to Feb 11, 1928, that I last saw him alive on Feb 11, 1928, and that death occurred, on the date stated above, at Sheridan, Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Broncho Pneumonia

(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Pertussis
 (duration) yrs. mos. ds. 2

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

19. DID AN OPERATION PRECEDE DEATH..... no DATE OF.....
 WAS THERE AN AUTOPSY..... no
 WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
 (Signed) John W Nigh, M. D.
 (Address) Sheridan 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 Sheridan (Mo.) DATE OF BURIAL Feb 12 1928

20. UNDERTAKER Long & Boyd ADDRESS Sheridan

