MAY 31 1928

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

Do not use this space.

12744

1. PLACE OF DEATH

County Lacle — Registration District No. 237 — File No.

Township Center — Primary Registration District No. 5323 — Registered No. 15

City Greenfield (No. ..... St. ..... Ward)

2. FULL NAME George G. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~April 16~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16 1861

7. AGE: Years 67 — Months 0 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lanscape Gardener
(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): Penn

PARENTS
10. NAME OF FATHER: Geo Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Denny
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Delaware

14. INFORMANT: Lizzie Anderson
(Address): Joplin Mo.

15. FILED 5-1, 1928 — E O Ball, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-30-1928

17. I HEREBY CERTIFY, That I attended deceased from 4-28-, 1928, to 4-30-, 1928, that I last saw him alive on 4-30-, 1928, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu - Complicated with Diarrhoea 124 B
11 B
(duration) yrs. 3 12 DB mos. ds.

CONTRIBUTORY (SECONDARY): Cirrhosis of Liver
no data (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Joplin
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T A Prouse, M. D
, 19 (Address) Greenfield Mo Box 353

*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: Joplin — DATE OF BURIAL: Joplin 19

20. UNDERTAKER: J W Ward — ADDRESS: Greenfield Mo

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD