JUL 7 1928

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

Do not use this space.

17873

1. PLACE OF DEATH Monroe
County ~~Manon~~ Registration District No. 581
Township Primary Registration District No. 4343
City Monroe City (No. 802 North Main St. 3 Ward)
File No.
Registered No. 22

2. FULL NAME Charles B. Anderson
(a) Residence. No. 802 North Main St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 61 yrs. 1 mos. 26 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 2nd 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	1	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Contractor 118C
(b) General nature of industry, business, or establishment in which employed (or employer) Concrete Work & Plastering
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Hesakiah Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maysville
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Catherine Hiles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Brooklyn Co Kentucky

14. INFORMANT Ella Anderson Lighter
(Address) 1386 Peabody Ave Memphis Tenn.

15. FILED 5/30 1928 O. W. Wilson D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 28th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 24th 1928, to May 28 1928 that I last saw h... alive on May 28th 1928, and that death occurred, on the date stated above, at 1.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric hemorrhage supposedly due to Carcinoma of stomach
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Malignant tumor of stomach probable
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. P. Pipkin M. D.
5/30, 1928 (Address) Monroe City 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 St Judes Cemetary
DATE OF BURIAL May 30 1928

20. UNDERTAKER Wilson & Son
ADDRESS Monroe City 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No.
Township — Primary Registration District No. 4343 — Registered No. 22
City Monroe City (No. ..... St. ..... Ward)

2. FULL NAME Charles B. 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)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 2-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	1	26	

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 8/8, 1928 O. W. Wilson REGISTRAR
Deputy.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. B.—E... should be carefully supplied. AGE should ... CAUSE ..., so that it may be properly classifi... Exe...

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ... Y LAW

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