

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

Do not use this space.

18983

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... # Primary Registration District No. 1003  
 City St. Louis (No. 4398 Olive, St.)

File No. ....  
 Registered No. 5394  
 St. .... Ward)

**2. FULL NAME**

Victor Anderson

(a) Residence. No. # 4398 Olive, St. 19 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) Jan 8<sup>th</sup>, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
78 | 4 | 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work: Inspector  
 (b) General nature of industry, business, or establishment in which employed (or employer): Dairy Blooded Stock  
 (c) Name of employer: Cheboygan

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stock, Wis.

10. NAME OF FATHER Andrew Anderson

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

12. MAIDEN NAME OF MOTHER Justa C. Olson

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

14. INFORMANT Dagney Anderson  
 (Address) # 826 Olive - Cheboygan

15. FILED 11 19 1928 Max C. Start REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15<sup>th</sup> 1928

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Wm. Dyer M.D.  
 (Address) 17 1/2 Dep Coroner

\*State the DISEASE CAUSING DEATH, 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

Cheboygan, Wis. 5-17-1928

20. UNDERTAKER ADDRESS St. Louis  
P.R. Repton #4449 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. 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.

