

21 1928

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

Do not use this space.

22891

1. PLACE OF BIRTH
 County Andrew Registration District No. 26
 Township Saline Primary Registration District No. 3002
 City Merica (No. _____ St. _____ Ward _____)

2. FULL NAME James Stewart Anderson
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-28-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 4 3

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

9. BIRTHPLACE (CITY OR TOWN) Andrew Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Anderson

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

12. MAIDEN NAME OF MOTHER Martha Appelman

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 19 28

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Violence from a loaded
Spill, gun falling from
the party to party or
case the responsibility
was found in
in house and died in
the Andrew Hospital within
a few hours.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____ Signed by _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none Coroner _____
 (Signed) S. C. Adams of _____, M. D.
 , 19____ (Address Merica, Mo, Andrew Co)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

14. INFORMANT Mary Ethel Anderson
 (Address) Centralia Mo

15. July 31 19 28 Ira S. Milligan REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Appelman's Chapel DATE OF BURIAL Aug 2 19 28

20. UNDERTAKER M. J. McDonald ADDRESS Centralia Mo

