

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

Do not use this space.

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

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.

SEP 27 1928

1. PLACE OF DEATH
 County Vernon Registration District No. 875
 Township Washington Secondary Registration District No. 6162
 City Franklin, Mo. (No.) St. Ward
 File No. 29526
 Registered No. 207

2. FULL NAME Robert T. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF about 19-14.
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 45 yrs 12.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Cook/Miner
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Lamar, Mo.
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Thos. Anderson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbus, Mo.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Maria H. Peth
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY) Ill.
 14. INFORMANT Daisy E. Russell, sib
 (Address) Seneca Mo.
 15. FILED 9/8, 1928 R. Keiss
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-29th 1928
 17. I HEREBY CERTIFY, That I attended deceased from 8/20
, 1928, to 8/28, 1928
 that I last saw h. alive on 8-28, 1928, and that death occurred, on the date stated above, at 2:30 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pareisis: General Paralysis of The Insane
1918
1918 (duration) 3 yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Typhoid infection
years (duration) yrs. mos. da.
 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? Blood + Clinical Observation
Dr. J. P. White, M. D.
 (Signed) 8/29, 1928 (Address) State Hosp. #3, Nevada, 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 Nevada City, Mo. DATE OF BURIAL Aug 29 1928
 20. UNDERTAKER Allen C. Hays Nevada, Mo. ADDRESS

