

22 1928

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

Do not use this space.

34048

1. PLACE OF DEATH

County Laclede
Township Gasconade
City Gasconade (No. 453)

Registration District No. 453
Primary Registration District No. 4619

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John P. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
77 9 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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)

Polaski Co. Mo.

10. NAME OF FATHER Andy Anderson

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

12. MAIDEN NAME OF MOTHER Celia Morgan

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

14. INFORMANT B. F. Lambeth
(Address) Lebanon Mo.

15. Filed Oct 7, 1928 L D Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5 1928

17. I HEREBY CERTIFY That I attended deceased from June 29, 1928, to Oct 5, 1928, that I last saw him alive on Oct 3, 1928, and that death occurred, on the date stated above, at 4:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY (SECONDARY)

1240

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

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

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) L D Hartley, M. D.
, 19 (Address) Lebanon 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

Mr. Carney

DATE OF BURIAL

10/6 1928

20. UNDERTAKER

Galbraith

ADDRESS

Lebanon Mo.

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.

