

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42050

1. PLACE OF DEATH

County PikeRegistration District No. 688Township PerryPrimary Registration District No. 5916City Frankford

(No.)

File No.

Registered No. 17

St. Ward)

2. FULL NAME Andrew Philip Andrews Anders

(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 27 yrs. mos.

How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 E. Anders6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 14-1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

77517

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) Shepherdstown(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER

Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER

Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Do not know

14.

INFORMANT

Mary E. Anders

(Address)

Frankford Mo

15.

FILED

Dec 1, 1928Martin Unnors

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from

July 12, 1928, to Dec 1, 1928that I last saw him alive on Nov 22, 1928, and thatdeath occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia10 / 164

(duration) yrs. mos. da.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. da.

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)

O. W. Anderson, M.D.

(Address)

Frankford 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

DATE OF BURIAL

Buffalo Pike Co. Mo.Dec 2 1928

20. UNDERTAKER

E. A. Furland

ADDRESS

Frankford Mo.

**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 Pike Registration District No. 688 File No.
Township Peno Primary Registration District No. 5916 Registered No. 17
City (No.) St. Ward (No.)
2. FULL NAME Andrew Philip Anders
- (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) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
78 5 17

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)

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 Dec 1 1928 Mattie Unwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1928

17. I HEREBY CERTIFY That I attended deceased from 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:

CONTRIBUTORY (duration) yrs. mos. ds.
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
20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
EXACT STATEMENT OF OCCUPATION IS VITAL
IT MAY BE PROPERLY CHANGED

SUPPLEMENTARY

S-4/2050