

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

Do not use this space.

7661

1. PLACE OF DEATH

County Randolph
Township Sugar Creek
City Moberly (No.)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 23
St. Ward)

2. FULL NAME

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Clara Bell Anderson

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

Feb. 22, 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

41

11

10

8. OCCUPATION OF DECEASED

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

Boiler washer

(b) General nature of industry, business, or establishment in which employed (or employer)

at Wabash Rail Road shops

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Salisbury Mo.

10. NAME OF FATHER

Nook Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Harriet Ruckelshaus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Moberly Mo

14.

INFORMANT (Address)

Freda Anderson Kansas City Mo

15.

FILED

1/23, 1929 In the S. C. Fleming

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Feb. 2, 1929

17.

I HEREBY CERTIFY, That I attended deceased from January 12th, 1929 to Feb 2nd, 1929 that I last saw him alive on Feb 2nd, 1929 and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hypertensive heart disease
chronic interstitial nephritis

131

95 B

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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

(Signed)

Clinical & Laboratory
R. D. Steeter M. D.

Feb. 4, 1929 (Address) Moberly, 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

Salisbury Mo

Feb. 6, 1929

20. UNDERTAKER

G. C. Minor

ADDRESS

Moberly

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.

WRITE IN PLAIN, WITH CARE

