

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

Do not use this space.

9440

1. PLACE OF DEATH

County Barry
Township Barry
City Cassville (No.) St. Ward)

Registration District No. 29
Primary Registration District No. 5038

File No.
Registered No. 18

2. FULL NAME

(a) Residence. No. Cassville 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-17-1929

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

17. I HEREBY CERTIFY, That I attended deceased from 2/11 1929, to 3-17-1929 that I last saw him alive on 3/16 1929 and that death occurred, on the date stated above, at 3:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-1-1882

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis following influenza

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 | 10 | 16

CONTRIBUTORY (SECONDARY) 110 (duration) yrs. 1 mos. da.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. H. ... M. D.
, 19 (Address) Cassville, Mo.

10. NAME OF FATHER Sylvanus Anderson

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

12. MAIDEN NAME OF MOTHER Mary Price

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

14. INFORMANT Mrs. Burton Arnold (Address) Cassville, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Antioch Cem. DATE OF BURIAL 3/18 1929

15. FILED april 29 1929 Mrs. H. R. Williams REGISTRAR

20. UNDERTAKER Hankins ADDRESS Cassville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1929

2357

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1
2
2

