

JUN 27 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PulaskiTownship TavernCity _____ (No. _____)Registration District No. 716Primary Registration District No. 5745File No. 15640Registered No. 18St. _____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.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

unknown

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

April 6 1849

7. AGE

YEARS

80

MONTHS

0

DAYS

4

If LESS than 1

day, ... hrs.

or min.

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)

Ohio

10. NAME OF FATHER

Matthew Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Magaret Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14. INFORMANT

Mrs. P. Strand

(Address)

Richland Mo

15. FILED

4/17/2919. St. Jell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 10 1929

17.

I HEREBY CERTIFY, That I attended deceased from April 10, 1929, to April 10, 1929, that I last saw him alive on April 10, 1929, and that death occurred, on the date stated above, at 6:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
90B 630
(duration) 7 yrs. 10 mos. 0 da.

CONTRIBUTORY (SECONDARY)

unknown
(duration) 7 yrs. 10 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Jell, M. D.

4/17, 1929 (Address) Richland 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

St. Johns Cemetery

DATE OF BURIAL

April 11 1929

20. UNDERTAKER

W.H. Jones - Richland, Mo.

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.

RECORDING INFORMATION IS A PERMANENT RECORD

