

JUN 27 1929

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

Do not use this space.

18969

1. PLACE OF DEATH

County Missouri
Township Cooter
City Cooter (No. St. Ward)

Registration District No. 656
Primary Registration District No. 5842

File No.

Registered No.

2. FULL NAME

Morgan 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. 5 mos.

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

yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

Colored

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

Child

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

Child

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

Dec 19 - 1922

7. AGE

YEARS

MONTHS

DAYS

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

6323

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)

Duvalville

(STATE OR COUNTRY)

Miss

10. NAME OF FATHER

James Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Indianapolis

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Allie Putnam

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Don't know

(STATE OR COUNTRY)

Don't

14.

INFORMANT

(Address)

James Anderson
Cooter Mo

15.

FILED

JUN 10, 1929

James A. Jones

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

5-519 29

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 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:

Had no doctor. Had Began
cilled with Plague but
seemed to be well Found
dead in bed (duration) yrs. mos.

CONTRIBUTORY

(SECONDARY)

(2)

(duration)

yrs.

mos.

da.

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)

James Anderson

(Address)

Cooter 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. James Anderson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Mathis Cem5-6 19 29

20. UNDERTAKER

ADDRESS

James A. JonesCooter Mo

