

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

Do not use this space.

25696

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1788  
 Township Central Primary Registration District No. 17471  
 City Webster Groves (No. 671), Holland Ward

File No. ....  
 Registered No. 69 .....  
 St. .... Ward

**2. FULL NAME** Hayne Anderson

(a) Residence. No. 671-Holland Ave 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE chl- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/6/29

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

I HEREBY CERTIFY, That I attended deceased from 6/29 1929, to 7/6/29 1929, that I last saw alive on 7/3/29, and that death occurred, on the date stated above, at 7 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/9/29

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho - Pneumonia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ ✓ 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none (Baby)  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

CONTRIBUTORY (SECONDARY) Whooping Cough  
Respiratory infection

9. BIRTHPLACE (CITY OR TOWN) Webster Groves  
 (STATE OR COUNTRY) MO

18. WHERE WAS DISEASE CONTRACTED  
 IS NOT AT PLACE OF DEATH? .....

10. NAME OF FATHER Early Anderson

17. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

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

19. WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. E. Reynolds M. D.  
 , 19 29 (Address) Webster Groves, Mo.

12. MAIDEN NAME OF MOTHER Osie Hayes

\*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.

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

14. INFORMANT Early Anderson  
 (Address) 671-Holland Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dickson DATE OF BURIAL 7-6-1929

20. UNDERTAKER J. C. Lewis ADDRESS Webster Groves, Mo.

1929  
96  
25  
7

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied.

PARENTS

REGISTRAR

