1929

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.

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

Do not use this space.

26911

1. PLACE OF DEATH
County Bates
Registration District No. 50
File No.
Township
Primary Registration District No. 3004
Registered No. 41
City Butler (No. St. Ward)

2. FULL NAME Ralph Lee 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. 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	0	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman at
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Yard
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Butler
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER C. W. Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Butler
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Anna Endres
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La Cygne
(STATE OR COUNTRY) Kansas

14. INFORMANT C W Anderson
(Address) Butler Mo

15. FILED 8/9, 1929 Nina L. Culver REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 8 1929

17. I HEREBY CERTIFY, That I attended deceased from 4 Aug, 1926, to 8 Aug, 1929
that I last saw h... alive on Aug 8, 1929 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Brights Disease
92A
122 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. N. Chastain, M. D.
8/8, 1929 (Address) Butler 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.

8 14401

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill
DATE OF BURIAL: Aug. 9 1929

20. UNDERTAKER: Culvers
ADDRESS: Butler Mo

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