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

Do not use this space.

29982

PLACE OF DEATH
County Audrain Registration District No. 917
Township Cuivre Primary Registration District No. 4550
City Vandalia (No. ..... St. ..... Ward)

File No. .....
Registered No. 36

2. FULL NAME Robt E 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: M | 4. COLOR OR RACE: White | 5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word): married

5a. If MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Martha Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-12-1853

7. AGE: Years 76 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Invalid
(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) Ralls Co Mo

PARENTS
10. NAME OF FATHER: Lewis Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER: Elizabeth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT: Curry Anderson
(Address) Vandalia Mo

15. FILED 9/5, 1929 Maiie Fugua REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3d 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Sept 3 1929, that I last saw him alive on Aug 24, 1929, and that death occurred, on the date stated above, at 5-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... 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) H. M. Reed, M. D
9/4, 1929 (Address) Vandalia

*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~~: Vandalia 9-5 | DATE OF BURIAL 9-5 1929

20. UNDERTAKER: Robt Cook Vandalia Mo | ADDRESS .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD