

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.

3341

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1. PLACE OF DEATH

County Linn

Registration District No. 290

Township Salem

Primary Registration District No. 5408

City

(No. _____ St. _____ Ward)

File No. _____

Registered No. _____

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

4. COLOR OR RACE

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

Female

white

Single

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

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

Oct. 18 1929

7. AGE

YEARS

MONTHS

DAYS

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

1

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

Y Y

X X

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Worth Mo.

10. NAME OF FATHER W. V. Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Linn Co. Mo.

12. MAIDEN NAME OF MOTHER Mary Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Linn Co. Mo.

14. INFORMANT W. V. Anderson

(Address) W. V. Anderson

15. FILED 11-1-29 H. V. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1929, to Oct. 18, 1929, that I last saw him alive on Oct. 18, 1929, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydrocephalus
157A
1540W
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Robert E. Martin M. D.
, 19 _____ (Address) Smith 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 DATE OF BURIAL
Linn Cemetery Oct 20 1929

20. UNDERTAKER ADDRESS
McDaniel & Co Smith

