

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

Do not use this space.

34812

1. PLACE OF DEATH

County Repley
Township Thomas
City (No.)

Registration District No. 751
Primary Registration District No. 5990

File No. 278
Registered No. 28
St. Ward

2. FULL NAME

William Junior Anderson

(a) Residence No. Naylor, Mo. 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) Aug 17, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 1 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Frank Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Epplur Bluff
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Catherine Stephens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Naylor
(STATE OR COUNTRY) Missouri

14. INFORMANT Lona Vandover
(Address) Naylor Mo

15. FILED 16 1929 Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1929, to Oct 12, 1929.
That I last saw him alive on Sept 20, 1929, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pathonia caused by malnutrition
11 & C
15 & 12 C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Indigestion
(duration) yrs. 1 mos. 25 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) R. L. Turner, M. D.

10 12, 1929 (Address) Meelyville 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

Eaton Cemetery

10, 13, 1929

20. UNDERTAKER

ADDRESS

None.

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.

