

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

Do not use this space.

40485

1. PLACE OF DEATH

County Monroe Registration District No. 391a File No. 63
 Township Armadia Primary Registration District No. 5546a Registered No. 63
 City (No. No. No.) St. Ward

2. FULL NAME

Louise Anderson
 (a) Residence No. St. Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 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 Man 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write phc word) Do not know

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do not know

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------------|-----------|----------|----------|----------------------------------|
| <u>about</u> | <u>45</u> | <u>-</u> | <u>-</u> | <u>-</u> |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Track worker
 (b) General nature of industry, business, or establishment in which employed (or employer) McPac Ry
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Mr. E. L. Barnhouse
 (Address) Fronton, Mo.

15. FILED 12/20/29 R. A. Raabe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 19 29

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Body was found on Railway track believed to have been murdered
175 B (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1914 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

Did an operation precede death? No DATE OF.....
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Past Mortuary
 (Signed) Edward L. Barnhouse, M. D.
12/20, 1929 (Address) Fronton Mo Corner

*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 poor farm DATE OF BURIAL 12 21 1929

20. UNDERTAKER S E Berid ADDRESS Fronton

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD--
 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.

