

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.

2266

1. PLACE OF DEATH

County Platte
Towship
City Dearborn Mo. (N)

Registration District No. 692
Primary Registration District No. 4414

File No.
Registered No.
St. Ward)

2. FULL NAME

Lewis Elbert Anderson
(a) Residence, No. St. Ward.
(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. (If nonresident give city or town and State)

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 OR (OR) WIFE OF

neither

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

May 6 - 1915

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>14</u>	<u>7</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

Attending School

(c) Name of employer

James Anderson

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Dearborn
Missouri

10. NAME OF FATHER

James Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dearborn
Missouri

12. MAIDEN NAME OF MOTHER

Maggie Sinschorn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dearborn
Missouri

14.

INFORMANT
(Address)

James Anderson
Dearborn Mo.

15.

FILED

Jan 27, 1930 W. H. Moore
REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

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

Jan 22, 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930 to Jan 22, 1930, that I last saw him alive on Jan 22, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Accidental Head fractured by
striking his axle to an automobile
while coasting
(duration) 3 hours

CONTRIBUTORY (SECONDARY)

Hemorrhage of lungs
from a concussion
(duration) 1 hour

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

At Dearborn Mo.
no DATE OF none

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Dearborn Cemetery Jan 24 - 1930

20. UNDERTAKER

ADDRESS

Lillian Davis Dearborn Mo.

