MAR 28 1930

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

Do not use this space.

6006

1. PLACE OF DEATH
County Platte — Registration District No. 692
Township ____ — Primary Registration District No. 4414
City Dearborn — (No. ____, ____ St., ____ Ward)

File No. ____
Registered No. ____

2. FULL NAME William 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF wife of Susie Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
52	7	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Work
(c) Name of employer Platte Co.

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

PARENTS

10. NAME OF FATHER Jesse Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary Field
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Indiana

14. INFORMANT Burt Anderson
(Address) Dearborn Mo.

15. FILED Feb 26 19 30 M. V. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 26 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feby 25th, 1930, to Feby 26, 1930 that I last saw him alive on Feby 26 1930, and that death occurred, on the date stated above, at 9 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Hf

(duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (SECONDARY) None given

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF ____
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) D. H. Burnham, M. D
Feb 26, 1930 (Address) Dearborn 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
Camden Point Cem.	Feby 27 - 1930
20. UNDERTAKER	ADDRESS
Linaro Davis	Dearborn Mo