

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

Do not use this space.

18744

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township Paplar Bluff Primary Registration District No. 3007
 City Paplar Bluff (No.) St. Ward

2. FULL NAME James M. Anderson
 (a) Residence, No. Paplar Bluff Mo 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 6 1

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

PARENTS

10. NAME OF FATHER unk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unk

12. MAIDEN NAME OF MOTHER unk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unk

14. INFORMANT Walter Anderson
 (Address) Paplar Bluff Mo

15. FILED 7/6 1930 D. P. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1930 **to** June 5, 1930
12 **that I last saw him alive on** May 4, 1930 **and that death occurred, on the date stated above, at** 3 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastatic poisoning

38 (duration) yrs. mos. 24 ds.

CONTRIBUTORY (SECONDARY) 5 (duration) yrs. mos. 7 ds.

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

19. DID AN OPERATION PRECEDE DEATH? No **DATE OF**

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J. M. Anderson M. D.
6, 1930 (Address) Paplar Bluff Mo

*State the DISEASE CAUSING DEATH, if 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 city Cemetery **DATE OF BURIAL** June 6 1930

20. UNDERTAKER A. P. Phelps **ADDRESS** Paplar Bluff Mo

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.

JUL 21 1930

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