

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

Do not use this space.

23332

1. PLACE OF DEATH

County Jefferson

Registration District No. 420

Township Central

Primary Registration District No. 5574

City St. Louis (No. _____)

File No. _____

Registered No. 70

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 5 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)

Married

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

Virginia Anderson

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

Dec 24, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

72

7

17

8. OCCUPATION OF DECEASED

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

Storekeeper

(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)

Petersburg
Indiana

10. NAME OF FATHER

William Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Petersburg
Indiana

12. MAIDEN NAME OF MOTHER

Margaret Harmon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14. INFORMANT

(Address)

Mrs. Virginia Anderson
Washington

15. FILED

7/14 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY That I attended deceased from July 11, 1930, to July 11, 1930

that I last saw him alive on July 10, 1930, and that death occurred, on the date stated above, at 3:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Grouped Pneumonia
108
1180.

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Pneumonia from shock

(duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CERE PERIOD DIAGNOSIS?

(Signed) Walter C. Gibson, M. D.

July 11, 1930 (Address) De Soto, 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

City Cemetery

July 13 1930

20. UNDERTAKER

Donnell B. Dietrich

De Soto, Mo.

Supplied. AGE must be stated EXACTLY. PHYSICIANS should state cause of death in plain terms, so as to be properly classified. Exact statement of OCCUPATION is very important.

COUNTRY)

NAME OF MOTHER *Orpha Mervin*

CE OF MOTHER (CITY OR TOWN) *Frankville*

COUNTRY) *Illinois*

N. 03. M. 2/50

19. PLACE OF BURIAL, CRE

HOMECIDATE

(1) MEANS AND

*State the D

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