

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.

NOV 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Malden
City Malden (No.)

Registration District No. 289
Primary Registration District No. 4173

File No. 32540
Registered No. 53
St. Ward

2. FULL NAME

George W. 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 OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 2 19

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) retired
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottonwood Point Mo.

10. NAME OF FATHER Wm G. Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co, Tenn

12. MAIDEN NAME OF MOTHER Susan C. Beaver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co, Tenn

14. INFORMANT Henry Anderson
(Address) Malden Mo

15. FILED 10/20 1930 St. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 19 30

17. I HEREBY CERTIFY, That I attended deceased from Sept 23 - 1930, to October 18 19 30
that I last saw him alive on October 18 19 30, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Emphysema
3 1/2 11
18 18 18
about 5 mos. ds.
CONTRIBUTORY (SECONDARY) syphilis
about 15 mos. ds.

18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHO TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) S. E. Mitchell M. D.

10/20 1930 (Address) Malden 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 Malden Mo DATE OF BURIAL 10/20 19 30

20. UNDERTAKER W. L. Loraig ADDRESS Malden

