NOV 26 1930

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

Do not use this space.

33796

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township — Primary Registration District No. 3053 — Registered No.
City Louisiana (No. Buffalo St. St. Ward)

2. FULL NAME James Anderson
(a) Residence (Usual place of abode) No. Buffalo St St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Black	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About	65			

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

9. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hannah Anderson
(Address) Louisiana Mo

15. FILED 10/9, 1930 F C Haley Jr REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/8 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to 10/8, 1930 that I last saw him alive on 10/8, 1930, and that death occurred, on the date stated above, at 5 00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
97
130
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J W Crewdson, M. D.
10/9, 1930 (Address) Louisiana 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
Riverview Louisiana Mo	10/11 1930

20. UNDERTAKER F C Haley Jr — ADDRESS Louisiana 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.