

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.

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

Do not use this space.

PLACE OF DEATH

County *Andrew*
Township *Balt. River*
City *May St.* (No.)

Registration District No. *26*
Primary Registration District No. *2002*

File No. *38446*
Registered No. *152*
St. Ward)

2. FULL NAME

Thos. Elliot Anderson

(a) Residence. No. *Vandalia Mo.* 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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 1 - 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 15

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Kalls Co., Mo.*

10. NAME OF FATHER

Louis Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ky.*

12. MAIDEN NAME OF MOTHER

Mary Elliot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *D. C.*

14.

INFORMANT *J. B. Clark*
(Address) *Vandalia Mo.*

15.

FILED *Dec 15th* *E. S. Milligan*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 15 1930*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

An accidental collision of 2 trucks - both truck belonging to the Pal Handle Easter Pipe Co. 1 from Bro. Inc. and 2nd from K. A. Accident occurring between 2nd & Main where the pipe line crosses at 14.00. 2nd at about 1.5 (duration) yrs. mos. ds. 7 on Dec 15 - 1930.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *E. M. D. Bradford* M. D.
, 19 (Address) *Canon*

*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 *not known* 19

20. UNDERTAKER *J. B. Clark* ADDRESS *Vandalia*

1858 - 12