

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38984

1. PLACE OF DEATH

County Shanklin
Township Union
City Union (No. 19)

Registration District No. 282
Primary Registration District No. 1201

File No. 45
Registered No. 45
St. Union Ward 1

2. FULL NAME

Silas Anderson

(a) Residence. No. 19 St. Union Ward 1

(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 None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 1 20 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Robert Anderson

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

12. MAIDEN NAME OF MOTHER Elizabeth Hough

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

14. INFORMANT Mrs. Burr Vincent
(Address) Campbell

15. FILED 12/2 1930 E. W. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to Dec 2 1930
that I last saw him alive on Dec 1 1930, and that death occurred, on the date stated above, at Union Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Gastric
4 1/2 yrs. 4 mos. 4 ds.
CONTRIBUTORY (SECONDARY) 4 1/2 yrs. 4 mos. 4 ds.
(duration)

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF 7

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) John P. Brown, M. D.
19 30 (Address) Campbell 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 Elder Creek

DATE OF BURIAL 12/3 1930

20. UNDERTAKER E. W. Anderson

ADDRESS Camp

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.

