

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

Do not use this space.

38989

1. PLACE OF DEATH

County Shirley

Registration District No. 487

Township Harpersville

Primary Registration District No. 4171

City Harpersville (No. 1)

File No. 39

Registered No. 39

St. 1 Ward 1

2. FULL NAME R. B. Anderson

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

(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 M 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

Mrs. Maude Parker Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-20-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 60 — 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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Critttsville

(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER R. M. Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Critttsville

(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Mary Jane Baker-12-9-

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Philadelphia

(STATE OR COUNTRY) Pa.

14. INFORMANT R. B. Anderson

(Address) Harpersville, Mo.

15. 12-10-30 C. G. Case

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-9-1930

17. I HEREBY CERTIFY, That I attended deceased from 169

, 19 30 to 19

that I last saw h. alive on 19 and that

death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

By his own hands by firing a shot into his right temple, using a .38 calibre Smith and Wesson Pistol. Verdict

CONTRIBUTORY (SECONDARY) of Coroner's Jury

directly (duration) yrs. 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? Cor. Dissect

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Anderson, M. D.

, 19 30 (Address) Kennett 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

Harpersville

12/11 19 30

20. UNDERTAKER

ADDRESS

Baldwin Und. Co.

Kennett, Mo

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.

JAN 10 1931

