

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state IF 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.

Phillips
22309

1. PLACE OF DEATH

County *Missouri*Registration District No. *651*Township *Little Prairie*Primary Registration District No. *8862*City *St. Louis* (No)St. *St. Louis* Ward *19*

2. FULL NAME

(a) Residence, No. *M. C. Anderson*St. *St. Louis*Ward *19*

(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 *Col*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Don of Clay Anderson*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 3, 1931*

7. AGE

YEARS *3*MONTHS *5*DAYS *20*

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *4*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

FATHER

13. NAME *Clay Anderson*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER

15. MAIDEN NAME *Mary Harris*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*17. INFORMANT (ADDRESS) *Clay Anderson*

18. BURIAL, CREMATION OR REMOVAL

PLACE *St. Louis, Mo.*DATE *June 23, 1931*19. UNDERTAKER (ADDRESS) *W. H. Smith*20. FILED *July 3, 1931**C. A. Martin*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-23*, 19*31*22. I HEREBY CERTIFY, That I attended deceased from *June 12, 1931*, to *June 23, 1931*I last saw him alive on *June 12, 1931*. Death is saidto have occurred on the date stated above, at *3 A. M.*

The principal cause of death and related causes of importance were as follows:

*Colitis*Date of onset *unknown*

Other contributory causes of importance:

Name of operation *119*Date of *119*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *J. W. Phillips*

M. D.

(Address) *Canthamville, Mo.*

