

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.

27432

1. PLACE OF DEATH

County BarryRegistration District No. =29Township JenkinsPrimary Registration District No. 5048City Jenkins(No. RFD #1)

St. _____ Ward)

2. FULL NAME

Robert Eugene Anderson(a) Residence, No. RFD #1 Jenkins 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)

infant

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

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

June 4-1931

7. AGE

YEARS

MONTHS

DAYS

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

220

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Barry County Missouri

MOTHER FATHER

13. NAME

James Gerald Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lawrence Co. Missouri

15. MAIDEN NAME

Agnes Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Barry Co. Mo.

17. INFORMANT (ADDRESS)

James Gerald Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leanne Mo. DATE August 25 1931

19. UNDERTAKER (ADDRESS)

King Funeral Home

20. FILED

Sept 1 1931 Mrs. N. R. Williams

Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-24 193122. I HEREBY CERTIFY, That I attended deceased from July 23 1931, to Aug 24 1931I last saw him alive on July 31 1931. Death is said to have occurred on the date stated above, at 2 P. m.

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

obstruction of the bile duct

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____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? no

If so, specify _____

(Signed) Thomas D. Mills M. D.(Address) Barry, Mo.

