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

Do not use this space.
7034

1. PLACE OF DEATH
160 County Scott — Registration District No. 82
11 Township — Primary Registration District No. 6070
7 City Sikeston (No. ____, ____ St. ____ Ward) — File No. 22 — Registered No. ____

2. FULL NAME Bryant E. Anderson

(a) Residence. No. 651 Ethel St., ____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

JAN 25 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Carrie Annie Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 4, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	6	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Hardin County
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER: David Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hardin County
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER: Melvina Stark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bullard County
(STATE OR COUNTRY) Ky

14. INFORMANT: Paul Anderson
(Address): Sikeston Mo

15. FILED 1/28/32 — Walter E. Dunn — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1932 — 10:05 A.M.

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932 to Feb 19, 1932 that I last saw him alive on Feb 14, 1932, and that death occurred, on the date stated above, at 10,05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized Arteriosclerosis
Cerebral Hemorrhage
82A
97 (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____ (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. M. Dunaway, M. D.
. 19 (Address) Sikeston 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
I.O.O.F. Sikeston Mo	2-21 1932
20. UNDERTAKER: Lair Und. Co. F. Blair	ADDRESS: Charleston Mo