

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.

MAR 25 1932

Dr. S. Love

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

Do not use this space.

7141

1. PLACE OF DEATH
 108 County *Vernon* Registration District No. *876*
 Township *Center* Primary Registration District No. *3039*
 City *Nevada* (No. _____) St. _____ Ward _____

2. FULL NAME *Vernon Wilbur Anderson*
 (a) Residence, No. *807 W. Cherry* Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. *30*

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 30, 1893*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 38 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *73*

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

10. Date deceased last worked at this occupation (month and year) *Jan 28, 1932* 11. Total time (years) spent in this occupation *23*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Garsons, Kansas*

FATHER
 13. NAME *A. M. Anderson*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*

MOTHER
 15. MAIDEN NAME *Anna Peterson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*

17. INFORMANT (ADDRESS) *Mrs B. M. Anderson 1313 So Oak St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Funeral Home 2-4-32*

19. UNDERTAKER (ADDRESS) *John B. Myers Nevada, Mo*

20. FILED *265* 19 *32* *E. P. King* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 1 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 28, 1932* to *Feb 1, 1932*
 I last saw him alive on *Feb 1, 1932* Death is said to have occurred on the date stated above, at *10 P.M.*
 The principal cause of death and related causes of importance were as follows:
Acute Appendicitis
12/15/31
 Other contributory causes of importance: *None* (1)
 Name of operation *Appendectomy* Date of *Jan 27/32*
 What test confirmed diagnosis? *Exam of Operation* 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) *W. S. Love* M. D.
 (Address) *Nevada, Mo*

JUN 27 1949

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