

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

Do not use this space.

9177

1. PLACE OF DEATH

County Macos
Township Loda
City Atchamta (No. _____)

Registration District No. 526
Primary Registration District No. 5760

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Singles
6A. MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR) WIFE OF Elizoh Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1832
7. AGE YEARS 89 MONTHS 7 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil War
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veteran Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME James Anderson

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

15. MAIDEN NAME Mariah Anderson

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

17. INFORMANT Mrs Cora Manning (ADDRESS) Atchamta Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Not Buried DATE 3-7- 1932

19. UNDERTAKER Wm. Manning (ADDRESS) Atchamta Mo

20. FILED Apr 9 1932 A. L. Cambr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th 1932

I HEREBY CERTIFY, That I attended deceased from _____, 1932, to _____, 1932.
I last saw h. alive on March 6, 1932. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Valvular disease of heart Date of onset _____

Other contributory causes of importance: Family
92A
62
92A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) W. L. Loda, M. D.

(Address) Atchamta, 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.

APR 28 1932

