

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

Do not use this space.

9751

**1. PLACE OF DEATH**

91 County Lafayette  
1 Township  
2 City Doniphan (No. 14457)

Registration District No. 750  
Primary Registration District No. 750

File No. 11  
Registered No. 1077  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. 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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-1889  
AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255  
10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Scott Anderson

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

15. MAIDEN NAME Mrs. Nece

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Irvin Anderson (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 3-26-32

19. UNDERTAKER (ADDRESS) Jordan

20. FILED 3-25-1932 E. B. Johnston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 11.15 1932 to March 23 1932

I last saw him alive on March 22 1932 Death is said

to have occurred on the date stated above, at 118 m.

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

936  
chronic myocarditis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis: Clinical 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 \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

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) Clifford G. Goforth M. D.  
(Address) Doniphan Mo.

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.

APR 28 1932

MARGO RESERVED FOR BINDING

VOS. NO. 2.

