

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

Do not use this space.

13618

File No. \_\_\_\_\_  
Registered No. 313  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Randolph  
Township Sugar Creek (No. \_\_\_\_\_)

Registration District No. 735  
Primary Registration District No. 5970

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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**

**1 MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Marie Anderson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1896  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 1 6  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1932, to Apr 10, 1932  
I last saw him alive on Apr 10, 1932 Death is said to have occurred on the date stated above, at 10:10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis Pulmonary  
Date of onset 1930  
Other contributory causes of importance:  
(1)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
13. NAME Frank Anderson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Minnie Black  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
17. INFORMANT (ADDRESS) Mrs Marie Anderson mobility neg  
18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Cemetery DATE Apr 12, 1932  
19. UNDERTAKER (ADDRESS) Mahan and Son mobility neg  
20. FILED 4/12, 1932 Thos. B. Fleming Registrar

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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. W. Madsen, M. D.  
(Address) Moberly, 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.

MAY 28 1932

