

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.

MAY 28 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

14960

1. PLACE OF DEATH
 97 County Saline Registration District No. 801
 9 Township East End Primary Registration District No. 4480
 2 City East Gumbo (No. _____ St. _____ Ward _____)

2. FULL NAME Wm Fredrick Anderson

(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.

PERSONAL AND STATISTICAL PARTICULARS

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 Mrs Rose Mae Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairer 45
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Work
 10. Date deceased last worked at this occupation (month and year) Sept. 1932 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Boonville 1
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Adam Anderson

14. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dora - not known

16. BIRTHPLACE (CITY OR TOWN) Germany 10
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Rose Mae Anderson
 (ADDRESS) East Gumbo Mo

18. BURIAL, CREMATION, OR REMOVAL Placed in East Gumbo Mo
 PLACE East Gumbo Mo DATE Apr 16, 1932

19. UNDERTAKER R. C. Carter
 (ADDRESS) East Gumbo Mo

20. FILED 4-15-32 19. 32 H. H. Ringen
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to April 14, 1932

Last saw him alive on April 14, 1932 Death is said to have occurred on the date stated above, at 9⁰⁰ p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Pneumonia Date of onset 130 / 30
130 / 30 130 / 30 130 / 30
130 / 30 130 / 30 130 / 30

Other contributory causes of importance:
Acute cystitis following use of a catheter

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Wayne W. Parsons M. D.
 (Address) East Gumbo, Mo

