

AUG 22 1932

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

Do not use this space.

21915

1. PLACE OF DEATH

7 County Bates
Township Hudson
City _____ (No. _____)

Registration District No. 54
Primary Registration District No. 5086

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

2. FULL NAME Joe Kenneth Anders

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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19 - 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
6 3 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Bates Co mo

PARENTS

10. NAME OF FATHER Horner anders

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Bates Co mo

12. MAIDEN NAME OF MOTHER Charles Rhoades

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Know Co mo

14. INFORMANT Horner anders
(Address) Appleton City mo

15. FILED Aug 4, 1932 Mrs. A. B. Freeman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1932

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 13, 1932, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at about 10 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

The child was drowned in a coal pit was dead when I arrived
183 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 183 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Rif. Smith M. D.
(Signed) _____, 19____ (Address) Appleton City mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burnt prairie Cem DATE OF BURIAL July 16 1932

20. UNDERTAKER R. B. Kenney ADDRESS R. B. Kenney

