

AUG 25 1932

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

Do not use this space.

23243

1. PLACE OF DEATH

County Jefferson
Township Libanon
City Libanon (No.)

Registration District No. 444
Primary Registration District No. 3609

File No.
Registered No. 1754
St. Ward

2. FULL NAME

William Frederick Anderson
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10-1886
7. AGE YEARS 46 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

13. NAME Un/known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un/known 31

15. MAIDEN NAME Un/known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un/known

17. INFORMANT J. J. Sullivan (ADDRESS) Libanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dakota Cemetery DATE 7/16-1932

19. UNDERTAKER Holman & Stewart (ADDRESS) Libanon Mo

20. FILED 7/18 19 32 J. M. Bullock Registrar

1 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 1, 1932 to July 16, 1932
I last saw him alive on July 15, 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chastetial nephritis Date of onset

Other contributory causes of importance:
151/37

8 Name of operation Chemical Date of
What test confirmed diagnosis? Chemical 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) H. A. Hamilton, M. D.
(Address) Libanon, Mo.

