

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.

SEP 30 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Wayne
 Township Greenville
 City Greenville (No. 3)

Registration District No. 890
 Primary Registration District No. 4034

File No. 31277
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Greenville, Mo. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 7 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) S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
3 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) St. Louis, Mo.

13. NAME Charles Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Edith Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

17. INFORMANT (ADDRESS) Charles Anderson
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Ave DATE Sept 3-1932

19. UNDERTAKER (ADDRESS) Wayne

20. FILED Sept 3 1932 A. C. Sample Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2-1932 to Sept 2-1932

I last saw him alive on Sept 2-1932 Death is said

to have occurred on the date stated above, at 5:45 pm.

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

Enterocolitis

Date of onset Sept 1 1932

Other contributory causes of importance: ①

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Geo F Wagner, M. D.

(Address) Greenville, Mo.

