

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

Do not use this space.

33006

**1. PLACE OF DEATH**

72 County New Madrid Registration District No. 345  
Township Big Prairie Primary Registration District No. 3800  
City St. Charles (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry Arson Anderson  
(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**

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 Carrie Anderson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1881  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 1 3

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) Park Co. S.D.

13. NAME Geo W. Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S.D.

15. MAIDEN NAME Kliza Bagley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Carrie Anderson  
(ADDRESS) St. Charles R.R.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Charles DATE Oct 19 1932

19. UNDERTAKER St. Charles  
(ADDRESS) St. Charles Mo.

20. FILED Oct 21 1932 J. E. Brown  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

206 M  
killed by Frisco Freight Train while crossing track in auto truck  
skull crushed + leg broke

Other contributory causes of importance:

206 5

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Come Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 10-17-1932

Where did injury occur? two miles north of Mathews  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Railway crossing

Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Holman  
(Address) Portageville Mo.

MARGIN RESERVED FOR BINDING

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.

OCT 28 1932

