

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.

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

12 or 14 or 16

Do not use this space.

Box 185-10

Box 10-2134

File No. 15-2134

Registered No. 49

1. PLACE OF DEATH

County Lafayette

Township Smelter

City (No.)

Registration District No. 464

Primary Registration District No. 5627

St. Ward

2. FULL NAME

(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 1 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1859

7. AGE YEARS 73 MONTHS 6 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Loretto Ky. (STATE OR COUNTRY)

13. NAME Thornton Anderson

14. BIRTHPLACE (CITY OR TOWN) Loretto Ky. (STATE OR COUNTRY)

15. MAIDEN NAME Martha Anderson

16. BIRTHPLACE (CITY OR TOWN) Loretto Ky. (STATE OR COUNTRY)

17. INFORMANT Self Anderson (ADDRESS) Edna Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Pro. DATE 1-9 1933

19. UNDERTAKER Blumeyer & Son (ADDRESS) Edna Mo

20. FILED Jan 7 1933 T. C. Schooley Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1933 1-7 1933

I last saw h. alive on 1-8 1933 Death is said

to have occurred on the date stated above, at 3A m.

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

Influenza Date of onset 1-2-33
107B 11A
Other contributory causes of importance: Bronchial Pneumonia 1-4-33
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Chimp 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

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) W. E. Martineau, M. D.

(Address) Edna Mo

