

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.

MAR 3 1933

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

Do not use this space.

1. PLACE OF DEATH

County *Louisiana Mo.*

Registration District No. *689*

File No. *2713*

Township

Primary Registration District No. *3033*

Registered No.

City

*317 Maryland St*

St. Ward

2. FULL NAME

(a) Residence No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *15* 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

*W*

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

*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

*Rosie Anderson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

*3-30-1891*

7. AGE

*41*

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*9*

*23*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Job. Work*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Wedges drug br.*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Not known*

10. NAME OF FATHER

*Jim Anderson*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Louisiana Mo.*

12. MAIDEN NAME OF MOTHER

*Not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*" "*

14.

INFORMANT

(Address)

*Rosie Anderson  
317 Maryland St  
Louisiana Mo.*

15.

FILED

*17 32*

*B. E. Haer, Jr.*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

*Jan. 7 1933*

17.

I HEREBY CERTIFY, That I attended deceased from *1-3-33* to *1-6-33*, 19*33*, that I last saw him alive on *1-6-33*, 19*33*, and that death occurred, on the date stated above, at *3:50 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Status Epilepticus*

CONTRIBUTORY (SECONDARY)

*Do not know*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

*Clinical  
Charles P. Lewellen, M. D.*

1933

(Address) *Louisiana, 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

DATE OF BURIAL

*LOUISIANA MO  
Review Cem.*

*Jan 8 1933*

20. UNDERTAKER

ADDRESS

*Elmer E. Lutz*

*3030 Bell St. Saint, Mo*

