

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

Do not use this space.

4168

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 4000
 City Saint Louis (No. 1711 Goode Avenue St. Ward)

File No.
 Registered No. 1139
 St. Ward)

2. FULL NAME Henry Anderson

(a) Residence, No. 1711 Goode Ave. St. 11 Ward. (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. DECEASED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Matilda Madison Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt 90 -- --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Fox Creek, (STATE OR COUNTRY) Missouri

13. NAME Frank Anderson

14. BIRTHPLACE (CITY OR TOWN) Fox Creek, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT Pearl Turner (ADDRESS) 1711 Goode Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glencoe, Missouri DATE Feb. 1st, 1935

19. UNDERTAKER Charles J. Bates (ADDRESS) 4107 Finney Avenue

20. FILED FEB - 1 1935 W. C. Barkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan - 28 - 1933 to Jan - 29 - 1933
 I last saw him alive on Jan - 29 - 1933. Death is said to have occurred on the date stated above, at 6:17 m. a. m.
 The principal cause of death and related causes of importance were as follows:

Acute ascending Paralysis Date of onset Jan 28 - 1933

Other contributory causes of importance: Old Age

Name of operation none Date of none
 What test confirmed diagnosis? none 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 None
 (Signed) Oscar Williams Johnson
 (Address) 4039a Finney

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.

WHILE COMPLETE WITH OBTAINING THIS IS A PERMANENT RECORD

