

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.

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

Do not use this space.

8270

1. PLACE OF DEATH

County Knot  
Township Bourben  
City..... (No.....)

Registration District No. 447  
Primary Registration District No. 51

File No.....  
Registered No.....  
St..... Ward.....

2. FULL NAME Willis E. Anderson

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ollie Kate Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1-1933</u>		
7. AGE <u>78</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>James</u>	
	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..... <u>39</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Feb 12, 1933. I last saw him alive on Feb 10, 1933. Death is said to have occurred on the date stated above, at 11:55 p.m. The principal cause of death and related causes of importance were as follows:

Senile Debility

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knot Co, Mo.

13. NAME Willis Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Hester Batten

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

17. INFORMANT (ADDRESS) W. E. Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE..... 19.....

19. UNDERTAKER (ADDRESS) J. M. Brothers

20. FILED Feb 15, 1933 F. Lank Baldwin Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis? Physic. 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? If so, specify.....

(Signed) J. M. Brothers, M. D.  
(Address) Madison, Mo.

