

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.

14011

APR 24 1933

1. PLACE OF DEATH
72 County New Madrid
Township "
7 City New Madrid (No. ")
2 FULL NAME Jim 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)

File No. 315
Registered No. " St. " Ward) "

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1848
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
about 85
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) New Madrid County

13. NAME unknown

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

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Thill Brown
New Madrid, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Community DATE April 15, 1933

19. UNDERTAKER (ADDRESS) Richardson & Co.
Richmond

20. FILED 5/15 1933 210 Branch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1933
22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1933, to 4-14, 1933.
I last saw him alive on Apr 1, 1933. Death is said to have occurred on the date stated above, at 107 m.
The principal cause of death and related causes of importance were as follows:

Chronic Hypertension
137
925
100
121
Other contributory causes of importance:

Name of operation 121 Date of "
What test confirmed diagnosis? " Was there an autopsy? "

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) W. J. Harrison M. D.
(Address) St. Louis

