

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.

SEP 26 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space  
26085

1. PLACE OF DEATH  
 County St. Louis Registration District No. 288  
 Township Independence Primary Registration District No. 4472  
 City St. Louis (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Killian V. Anderson  
 (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 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 J. J. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 9 28

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

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) Kentucky

13. NAME R. M. Cullen

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

15. MAIDEN NAME Minnie L. Cullen

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

17. INFORMANT J. J. Anderson  
 (ADDRESS) Newport, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Restor and DATE 8/12/33

19. UNDERTAKER Baldwin Funeral Home  
 (ADDRESS) St. Louis, Mo.

20. FILED Aug 29, 1933 Whitcomb  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-10-33, 1933, to 8-10-33, 1933.

I last saw him/her alive on 8-10-33, 1933. Death is said to have occurred on the date stated above, at 7-2 a.m.

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

Post Partum Hemorrhage Date of onset 8-10

Other contributory causes of importance:

Placenta Previa 8-10

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 1933.

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) E. A. Presnell, M. D.

(Address) Newport, Mo.

