

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

Do not use this space.

**1. PLACE OF DEATH**

County Stoddard Registration District No. 288  
Township 2nd Primary Registration District No. 4172  
City Keosauqua (No. ....) St. .... Ward .....

File No. 23257  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

David Leon 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 6

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

MOTHER / FATHER 13. NAME J. J. Anderson

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

15. MAIDEN NAME Lillian Cullin

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

17. INFORMANT J. J. Anderson (ADDRESS) Keosauqua Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Recreation Park DATE Sept 17 1933

19. UNDERTAKER W. B. Anderson and Co (ADDRESS) Keosauqua Mo.

20. FILED Sept 30, 1933 J. H. Anderson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1933  
2. I HEREBY CERTIFY, That I attended deceased from 9-15, 1933, to 9-16 3, 1933.  
I last saw him alive on 9-12-16, 1933. Death is said to have occurred on the date stated above, at 8 a. a.m.  
The principal cause of death and related causes of importance were as follows:

Intoxication Date of onset 10-10  
119 B  
Other contributory causes of importance: 119 B

3. 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? .....  
If so, specify W. B. Anderson M. D.  
(Signed) W. B. Anderson (Address) Keosauqua Mo

WRITE PLAIN! 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.

OCT 20 1933

