

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

Do not use this space.

32024-A

1. PLACE OF DEATH

County Wayne
Township Benton
City Waynesville

Registration District No. 891

Primary Registration District No. 8549

File No. _____

Registered No. 11

St. _____ Ward _____

2. FULL NAME

(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 45 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1867

7. AGE YEARS 66 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. min.

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

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) 1923 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME James Anderson

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

15. MAIDEN NAME Sarah Flowers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island Tennessee

17. INFORMANT Margaret Anderson (ADDRESS) Waynesville, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE Waynesville, Mo. DATE Sept. 21, 1933

19. UNDERTAKER W. H. Bishop (ADDRESS) Piedmont, Mo.

20. FILED 12/8 1933 W. H. Bishop Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1933 to Sept 18 1933

I last saw him alive on Sept 18 1933 Death is said to have occurred on the date stated above, 10:45 am

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

Heart block

Date of onset _____

Other contributory causes of importance:

Name of operation none 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 _____

(Signed) G. W. Toney, M. D.

(Address) Piedmont, Mo

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 26 1934

