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.

NOV 10 1933

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

Do not use this space.

32332

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME FERDINAND ANDERSON

(a) Residence, No. Ashcroft Add. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE W — 5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED (write the word)~~ Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SARAH ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1885

7. AGE YEARS 48 MONTHS 7 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Steelville Mo.

FATHER

13. NAME JOHN ANDERSON

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

MOTHER

15. MAIDEN NAME JANE BAKER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT (ADDRESS) Sarah Anderson.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE 10-6, 1933

19. UNDERTAKER (ADDRESS) Frank Med. Co Poplar Bluff Mo

20. FILED 10-13-1933 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 193 , to 10-3, 1933

I last saw him alive on 10-3, 1933. Death is said to have occurred on the date stated above, at 7:10 P.m.

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

Malaria — Date of onset

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Other contributory causes of importance:

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 ....., 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) M. Harrison, M. D.

(Address) Poplar Bluff Mo