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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No. 5339
Township Macon — Primary Registration District No. 2020 — Registered No.
City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Clyde E. Anderson
(a) Residence, No. 419 Pine 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. 6 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 Lula Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1875

7. AGE — YEARS: 58 — MONTHS: 2 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Man
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) Unknown Indiana

FATHER
13. NAME Henry L. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER
15. MAIDEN NAME Lavina Gunkhart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Lawrence Anderson 419 Pine - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Park DATE Feb. 20, 1934

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Missouri

20. FILED Feb. 20, 1934 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Party was deceased when visited, From History & knowledge of Case Chronic Valvular Heart

Date of onset

Other contributory causes of importance: Chronic Arthritis

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) H. E. Baker, M. D.
(Address) Carthage Mo.