

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

Do not use this space.

12309

MAY 25 1934

PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City (No. _____)

File No. 126

Registered No. _____

St. _____ Ward)

2. FULL NAME

Mill Anderson

(a) Residence, No. No State Prison St. _____ Ward. _____

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1896

7. AGE YEARS 38 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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) Arkansas

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT No - Prison Record (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Kukhwell, Mo DATE 4-19-1934

19. UNDERTAKER (ADDRESS) Hinrichs, Jefferson City Missouri

20. FILED 4/14/1934 D. W. Bestford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1934

22. I HEREBY CERTIFY That I attended deceased from March 14, 1934, to April 19, 1934

I last saw him alive on April 18, 1934. Death is said to have occurred on the date stated above, at 6:10 A. M.

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

Chr. Myocarditis (Syphilitic)

Date of onset

Other contributory causes of importance: Syphilis

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 _____, 1934

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) W. P. Lamb, M. D.

(Address) _____

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.

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