

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

PODAY 25

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

Do not use this space.

1. PLACE OF DEATH

County Laclede
Township Union
City _____ (No. _____)

Registration District No. 448
Primary Registration District No. 5608

File No. 13392
Registered No. 26
St. _____ Ward _____

2. FULL NAME

William Thomas Anderson
(a) Residence, No. Phillipsburg Mo. Ward _____
(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 Editha Links

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1866

7. AGE YEARS 73 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ 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) _____

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rever Co Kentucky

13. NAME Harden P. Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owen Co Kentucky

15. MAIDEN NAME Unknown

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

17. INFORMANT Walter Anderson
(ADDRESS) Phillipsburg Mo

18. BURIAL, CREMATION, OR REMOVAL Phillipsburg Mo
DATE Sept 4-29 1934

19. UNDERTAKER Holman & Stewart
(ADDRESS) Phillipsburg Mo

20. FILED 5-10 1934 Ana Montgomery
Registrar

N MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1934 to Apr 28 1934
I last saw him alive on Apr 28 1934. Death is said to have occurred on the date stated above, at 2:50 a.m.

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

Senility and Date of onset _____
myocarditis

Grd C/3 A1

Other contributory causes of importance: _____

1104

10

Name of operation none Date of _____

What test confirmed diagnosis Physical Was there an autopsy? No

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) J. L. Brimage M.D.
Lebanon Mo

