

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

Do not use this space.

1. PLACE OF DEATH

County Dent

Registration District No. 266

Township Franklin

Primary Registration District No. 5-373

City Franklin

(No. 1)

File No. 16253

Registered No. 16253

St. Franklin Ward 1

2. FULL NAME Jerry Mike Anderson

(a) Residence, No. 1 St. Franklin Ward 1

(Usual place of abode)

(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

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Ollie Yankey

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

Oct 30 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

4

28

OCCUPATION

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)

Dent Co.

MOTHER FATHER

13. NAME

Jerry Anderson

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

Mo

15. MAIDEN NAME

Mary Schafer

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

Mo

17. INFORMANT (ADDRESS)

Mrs Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cornith DATE 5/29/34

19. UNDERTAKER (ADDRESS)

Carl V Spencer

20. FILED

5/29 1934 W. C. Ruedel, Jr., dr

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1932, to May 27, 1934

I last saw him alive on May 23, 1934 Death is said to have occurred on the date stated above, at 10:35 A.M.

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

Pulmonary Tuberculosis Date of onset 1933

Other contributory causes of importance

Name of operation no

Date of no

What test confirmed diagnosis? basal Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. C. Ruedel, Jr.

M. D.

(Address)

Salem Mo

