MAY 25 19

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

Do not use this space.

17252

1. PLACE OF DEATH
County _Laclede_ Registration District No. _449_
Township _Washington_ Primary Registration District No. _5612_
City .... (No. .... , ... St. .... Ward.)

File No. ....

Registered No. ....

2. FULL NAME _Jaines Isac Anderson_

(a) Residence, No. .... St., ... Ward.
(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	MEDICAL CERTIFICATE OF DEATH

3. SEX _M_ **4. COLOR OR RACE** _W_ **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _Boohiler_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _May 1_ 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _April 26_, 1934, to _May 1_, 1934.
I last saw h...... alive on _May 1_, 1934. Death is said to have occurred on the date stated above, at 8 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Feb 12—1885_

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

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ...... min.
| --- | --- | --- | --- |
| 49 | 2 | 19 | |

Lobar Pneumonia
_10 d_

Date of onset
April 26

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 ....

Other contributory causes of importance: ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Laclede Mo_

Name of operation _none_ Date of ....
What test confirmed diagnosis? _Physical Exam_ Was there an autopsy? _No_

13. NAME _Aron T Anderson_

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _no_ Date of injury ...., 19......
Where did injury occur? ....

15. MAIDEN NAME _Rebeca R Dennis_

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....

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

Manner of injury _none_
Nature of injury ....

17. INFORMANT (ADDRESS) _S H Anderson_ _Lebanon R 1_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Washington Church_ DATE _May 2_ 34

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

19. UNDERTAKER (ADDRESS) _Palmer Lebanon Mo_

(Signed) _P Thompson_ , M. D.
(Address) _Hudson Mo_

20. FILED _5/2_ 1934 _J. A. McComb_ Registrar.