

JUN 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17748

1. PLACE OF DEATH

85 County Wulashi
 Township Lebanon
 City Wagoner (No.)

Registration District No.

Primary Registration District No.

712
5941

File No.

Registered No.

8

St.

Ward

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

Infant

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

Infant of Paul Anderson

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

May 3 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, hrs. or min.

0

0

0

32
 32 min.

OCCUPATION

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.

Infant

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)

Wagoner, Mo.

13. NAME

Paul Anderson

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

Wagoner, Mo.

15. MAIDEN NAME

Leola H. Jetter

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

Richfield, Kans.

17. INFORMANT
 (ADDRESS)

Paul Anderson
 Wagoner, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Coffin
 5-3-34

19. UNDERTAKER
 (ADDRESS)

Wagoner, Mo.
 O. A. Oliver

20. FILED 5-3-1934 19

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/3/34 19

22. I HEREBY CERTIFY That I attended deceased from
 May 3 - 1934, to May 3 - 1934

I last saw alive on May 3 - 1934. Death is said
 to have occurred on the date stated above, at 8:15 p.m.

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

Congenital Heart Disease - Date of onset 5-3-1934

1576
 159

Other contributory causes of importance

Unknown - Premature - 8 mos.
 Mother is frail -

Name of operation none Date of

What test confirmed diagnosis? Autopsy 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? no

If so, specify

(Signed)

(Address)

O. A. Oliver
 Richland, Mo.

