

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HandolphRegistration District No. 735Township NorthPrimary Registration District No. 3094City North(No. 1309)Concepcion

2. FULL NAME

(a) Residence, No. 1309

(Usual place of abode)

St. 4

Ward.

Length of residence in city or town where death occurred 45 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

File No. 21555Registered No. 88St. 4

Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE m5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Anderson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1860

7. AGE

YEARS 74MONTHS 3DAYS 15

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Railroad lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

mill worker

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) Sweden13. NAME (Unknown) Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Anderson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT (ADDRESS) Martha Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE NorthDATE 6-6-193419. UNDERTAKER (ADDRESS) W. H. H. H. H.20. FILED 6/4

1934

VirginiaIll.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 - 193422. I HEREBY CERTIFY That I attended deceased from 5-31-1934 to 6-3-1934I last saw him alive on 6-3-1934 Death is saidto have occurred on the date stated above, at 10:30 P.M.

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

Arterio-Sclerosis

Date of onset

Other contributory causes of importance

Name of operation none

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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

Accident, suicide, or homicide? none Date of injury none, 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 noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Paul C. Davis, M. D.

(Address)

North

