

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

Do not use this space.

**1. PLACE OF DEATH**

County Randolph Registration District No. 736 File No. 21581  
 Township Prairie Primary Registration District No. 5954 Registered No. 8  
 City (No. St. Ward)

**2. FULL NAME FRANK ANDERSON**

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
 (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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>MINNIE ANDERSON</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>NOV. 28<sup>th</sup> 1857</b>		
7. AGE	YEARS	MONTHS
	<b>76</b>	<b>6</b>
		DAYS
		<b>28</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>FARMER</b>		
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) **MO**

FATHER 13. NAME **WILLIAM ANDERSON**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KY.**

MOTHER 15. MAIDEN NAME **EVA COLLINS**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO**

17. INFORMANT **MRS. MINNIE ANDERSON**  
 (ADDRESS) **RFD Moberly, Mo**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **ANDERSON** DATE **JUNE 28<sup>th</sup> 1934**

19. UNDERTAKER **MAHAN & SON**  
 (ADDRESS) **Moberly, Mo**

20. FILED **JUNE 30 1934** **J. Kimbrough**  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 26<sup>th</sup> 1934**

22. I HEREBY CERTIFY, That I attended deceased from **JUNE 23 1934** to **JUNE 26 1934**  
 I last saw him alive on **JUNE 23 1934** Death is said to have occurred on the date stated above, at **7 P.M.**

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

**Senility**  
**NO**  
 Date of onset

Other contributory causes of importance:

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy?

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. M. Madole**, M. D.  
 (Address) **Moberly, MO**

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.

JUL 13 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

