

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

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.

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3
4
AUG 16 1934

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

Do not use this space.

25565

1. PLACE OF DEATH

County Mississippi
Township Ex. W. Deputy
City Charleston (No. _____)

Registration District No. 566
Primary Registration District No. 3030

File No. _____
Registered No. 109
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. J. B. Anderson 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

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 - 1917

7. AGE YEARS 16 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at school
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) Earle Arkansas

FATHER 13. NAME Eugene Anderson

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

MOTHER 15. MAIDEN NAME Victoria Fisher

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

17. INFORMANT Eugene Anderson (ADDRESS) Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dick House Cem. DATE July 26, 1934

19. UNDERTAKER Frank L. ... Co. (ADDRESS) Charleston Mo.

20. FILED 7/26/34 19 34 Frank ... Registrar.

MEDICAL CERTIFICATE OF DEATH S. P.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 1934, to _____, 19____. I last saw him alive on Nov. 20, etc., 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Drowned
Accidental
Other contributory causes of importance: None

Name of operation _____ 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? Accident 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 Swimming
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify Paul Hackney (Signed) _____ M. D. (Address) Coroner Charleston Mo.

