

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.

SEP 25 1934

32152

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 3009
City Cape Girardeau No. 173 St. Ward

2. FULL NAME James Anderson
(a) Residence, No. 313 Independence St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Anna Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1858
7. AGE YEARS 75 MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Hardin County Ky.
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Mrs. James Anderson
313 Independence St.
18. BURIAL, CREMATION, OR REMOVAL Charles No. 2
PLACE Sept 2 DATE 1934
19. UNDERTAKER (ADDRESS) Frank L. Linn Service
Charles No.
20. FILED Sept. 1 - 1934 J. M. Thompson
R. I. Registrar

2 MEDICAL CERTIFICATE OF DEATH FORM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1934
22. I HEREBY CERTIFY, That I attended deceased from April 25 1934, to Sept 1 1934
I last saw him alive on Aug - 30 1934 Death is said to have occurred on the date stated above, at 0800 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Tongue
with metastasis to
cervical lymph glands
45R
53E
Other contributory causes of importance: 115
Name of operation No Microsurgery Date of —
What test confirmed diagnosis? Section 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) M. H. Shelby, M. D.
(Address) Cape Girardeau, Mo.

100-443887-100

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