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.

OCT 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Linn — Registration District No.: 496 — File No.: 36567
Township: — Primary Registration District No.: 3025 — Registered No.: 87
City: Brookfield (No. ..., Brookfield hospital St. ... Ward)

2. FULL NAME: Harry Wm. Anderson
(a) Residence, No. 425 East Park St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/24/1868

7. AGE: YEARS 63 — MONTHS 11 — DAYS 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. engineer
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): Mercer Co. Pa.

FATHER
13. NAME: Captain John Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co., Pa.

MOTHER
15. MAIDEN NAME: Lyle Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Pa.

17. INFORMANT (ADDRESS): Edmund Anderson, LaFayette, Georgi.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill DATE: 10/14/34, 19

19. UNDERTAKER (ADDRESS): C. W. Hill, Brookfield

20. FILED 10/14, 1934 J. H. Lucas, Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1934 to Oct 10, 1934
I last saw him alive on Oct 10, 1934. Death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	10/10/34
210 M	
94 B	
210	
	201

Other contributory causes of importance: Left shoulder & left hip had communited fractures received in auto wreck 9/16/34
Name of operation: None — Date of —
What test confirmed diagnosis? Symptoms — 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 9/16, 1934
Where did injury occur? Near Hamilton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On highway #36
Manner of injury: Auto wreck
Nature of injury: Communited fractures

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S. T. Brookfield, M. D.
(Address) Brookfield Mo