

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.

DEC 12 1934

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

Do not use this space.

38461

1. PLACE OF DEATH

County Bates Registration District No. 50
Township Mount Pleasant Primary Registration District No. 3004
City Butler (No. Hospital)

File No.
Registered No. 78 St. Ward)

2. FULL NAME

Christian J. Anderson

(a) Residence, No. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Hanna M Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850-4-10
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) don't know

13. NAME don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Hanna M Anderson (ADDRESS) Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE METZ MO DATE 11-16-34

19. UNDERTAKER Booth & Baughman (ADDRESS) Rich Hill Mo

20. FILED Nov 16 1934 Mo C. E. Culver Super Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 - 1934 to Nov 14 - 1934
I last saw him alive on Oct 15 - 1934. Death is said to have occurred on the date stated above, at 6:30 Am.
The principal cause of death and related causes of importance were as follows:

Chc Myocarditis
Date of onset
Other contributory causes of importance:
Senile dementia

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) Albion Woodbridge, M. D.
(Address) Butler, Mo

