

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.

NOV 14 1934

1. PLACE OF BIRTH

County Camden
Township Anglaize
City Coburn (No. Swan)

Registration District No. 275
Primary Registration District No. 5170B

File No. 38725
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. Swan St., Anderson 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 Edna Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1874
7. AGE YEARS 60 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

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. Farming
10. Date deceased last worked at this occupation (month and year) Aug 1934
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co., Mo.

13. NAME Ole Anderson

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

15. MAIDEN NAME Ellen Caulson

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

17. INFORMANT Edna Anderson (ADDRESS) Richland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cemetery DATE Nov 6-1934

19. UNDERTAKER R. B. Triple (ADDRESS) Richland, Mo.

20. FILED Nov 7, 1934 W. O. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1934, to Nov. 5-, 1934

I last saw him alive on Nov 5-, 1934. Death is said to have occurred on the date stated above, at 4:40 p. m.

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

Gastric Hemorrhage Date of onset 9.18/1934
1177
1165 1177 1177 1177
Other contributory causes of importance: Gastric Ulcer 9.18/1934

Name of operation none Date of none

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? none Date of injury none, 1934

Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Pratt A. Oliver, M. D.

(Signed) Pratt A. Oliver

(Address) Richland, Mo.

