

DEC 19 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PutnamRegistration District No. 713File No. 40380Township CullenPrimary Registration District No. 3942

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

KENNETH RAYMOND 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31st 1934</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>9</u>	<u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	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) Putnam13. NAME J. E. Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Thelma McCarter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) J. E. Anderson18. BURIAL, CREMATION, OR REMOVAL PLACE Cullen DATE 11/1619. UNDERTAKER (ADDRESS) J. E. Anderson20. FILED 11/15 1934 C. D. D. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15 193422. I HEREBY CERTIFY, That I attended deceased from 11/13 1934 to 11/15 1934I last saw him alive on 11/14 1934. Death is saidto have occurred on the date stated above, at 12 M. m.

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

BronchopneumoniaDate of onset 11/10Other contributory causes of importance: Nothing

Name of operation _____ Date of _____

What test confirmed diagnosis? Specimen Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1934

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? Yes

If so, specify _____

(Signed) C. A. Talbot M. D.(Address) Wagonwheel

