

JAN 6 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42528

1. PLACE OF DEATH

County Dunklin
 Township Cotton Hill
 City Malden, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 289
 Primary Registration District No. 4173

File No. _____
 Registered No. 62

2. FULL NAME Harry C. Anderson

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel L. Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-10-1881</u>		
7. AGE <u>53</u>	YEARS <u>4</u>	MONTHS <u>11</u>
DAYS <u>11</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>Land overseer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Overseeing</u>
	10. Date deceased last worked at this occupation (month and year) <u>Aug-1934</u>
	11. Total time (years) spent in this occupation <u>18</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden</u> <u>Dunklin Co. Mo.</u>

13. NAME <u>George ? Anderson</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gardner</u> <u>Iowa</u>

15. MAIDEN NAME <u>Jessie Smith</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Co. Mo.</u>

17. INFORMANT (ADDRESS) <u>Mrs. Ethel Anderson</u> <u>Malden Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden, Mo.</u> DATE <u>12-33</u>

19. UNDERTAKER (ADDRESS) <u>W. L. Craig</u> <u>Malden, Mo.</u>
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20. FILED <u>12/22/1934</u> <u>L. E. Mitchell</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 193422. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1934, to Dec 21, 1934I last saw him alive on Dec 21, 1934. Death is saidto have occurred on the date stated above, at 10:20 A.M.

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

General Septic InfectionDate of onset
8/26/34

Other contributory causes of importance:

Peridental Septic Infection
Secondary AnemiaName of operation none Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? NO23. 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) John D. Anderson, M. D.(Address) Malden Mo.

