JAN 8 1935

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

Do not use this space.

File No. 43865

Registered No.

1. PLACE OF DEATH Hodaway
County Union
Township ~~Hopkins~~
City (No. , St. Ward)

Registration District No. 627
Primary Registration District No. 5-829

2. FULL NAME Ulyssis A. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | W | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Georgia Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 1868

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 1 | 8 | |

OCCUPATION
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) Peoria
(STATE OR COUNTRY) Ill

FATHER
13. NAME Thaddeus Anderson
14. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Lacy F La ne
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Georgia Anderson
(ADDRESS) Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins Mo. DATE Dec 23 1934
Price Funeral Home

19. UNDERTAKER
(ADDRESS) Maryville Mo

20. FILED 12-23 1934 Mrs. W. C. Smith
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec — 1933, to Dec 21 1934
I last saw him alive on 12/16 1934 Death is said to have occurred on the date stated above, at 11 30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | 12/1/33 |
| Disease of heart | |
| 92 A | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) C W Griffith, M. D.
(Address) Hopkins Mo

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.