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

Do not use this space.

45660

File No.

Registered No.

JAN 2 2 1935

1. PLACE OF DEATH
County Worth
Township Hatchville
City Mount City (No. / St. Ward)

Registration District No. 903
Primary Registration District No. 45-43

2. FULL NAME William Anderson
(a) Residence, No. (Usual place of abode) St., Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Belle Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	85	9	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
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) 1925
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME John Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Rebecca
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va Brown

17. INFORMANT Burke Anderson (ADDRESS) Mount City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Isaiah Cem DATE 12/11 1934

19. UNDERTAKER Jesse C. Dunlee (ADDRESS) Mount City Mo

20. FILED Jan 9, 1935 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 9, 1934
I last saw him alive on Dec 9, 1934 Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Pneumonia	Dec 6
Contributory	

Other contributory causes of importance:

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) D. S. Rose, M. D.
(Address) Graham 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-22-33