

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

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.

APR 2 1935

1. PLACE OF DEATH

County *adaer*

Registration District No. *4*

File No. *7948*

Township *Irksville*

Primary Registration District No. *3001*

Registered No. *51*

City *Irksville*

St. _____ Ward _____

2. FULL NAME

Hugh Chromet Anderson

(a) Residence, No. _____ St. _____ Ward. *Green City, Mo.*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 20, 1935*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Mother Anderson*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 28*, 19*35*, to *Mar 19 20*, 19*35*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 24 1870*

I last saw him alive on *Mar 17*, 19*35*. Death is said to have occurred on the date stated above, at *4:30 A. M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *64 5 25*

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

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. *on farm*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Carcinoma of Stomach
46
Date of onset *?*
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sullivan Co Missouri*

Name of operation _____ Date of _____
What test confirmed diagnosis? *X-ray, etc.* Was there an autopsy? *No*

13. NAME *William Cool Anderson*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

15. MAIDEN NAME *Mary M Laughlin*

Manner of injury _____
Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____

17. INFORMANT *A. O. Anderson* (ADDRESS) *Green City Mo*

(Signed) *Est. Laughlin*, M. D.
Irksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green City Mo* DATE *Mar 22, 1935*

19. UNDERTAKER (ADDRESS) *Green City Mo*

20. FILED *Mar 20, 1935* *Spencer Freime* Registrar.

