

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

Do not use this space.

MAY 21 1935

11923

**1. PLACE OF DEATH**

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. ....  
Registered No. 70  
St. .... Ward)

**2. FULL NAME**

James M. Anderson  
(a) Residence, No. .... St. .... Ward. Blytheville, Ark.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1861  
7. AGE YEARS 73 MONTHS 10 DAYS 0 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist  
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) Palmyra (STATE OR COUNTRY) Mo.

13. NAME Wm. R. Anderson

14. BIRTHPLACE (CITY OR TOWN) Palmyra Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Anna McPheters

16. BIRTHPLACE (CITY OR TOWN) Palmyra (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. R. S. Battarbee (ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Mo. DATE 4/6 1935

19. UNDERTAKER Parson Turner Co (ADDRESS) Columbia Mo.

20. FILED 4/57 1935 Allie Selby Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to April 4 1935  
I last saw him alive on April 4 1935. Death is said

to have occurred on the date stated above, at 11 P. m.

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

Pulmonary Tuberculosis Date of onset Several years

Other contributory causes of importance: 23

Name of operation Prostatic resection Date of Nov 24  
What test confirmed diagnosis? 7 Bands - 8 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury .....

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) W. H. Humphreys M. D.

(Address) Columbia 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.

