

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.

JUN 1 1935

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

Do not use this space.

13786

78 1. PLACE OF DEATH
County Pemiscot Registration District No. 651
Township Parthensville Primary Registration District No. 4388
City Parthensville (No.) St. Ward
2. FULL NAME Silas 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hester Anderson
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
8. AGE YEARS 55 MONTHS - DAYS - If LESS than 1 day, ... hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
11. Date deceased last worked at this occupation (month and year) Feb. 1935 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT Hester Anderson (ADDRESS) Parthensville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Cem DATE Apr 6, 1935
19. UNDERTAKER Wm. Hardwick (ADDRESS) Parthensville, Mo.
20. FILED April 8, 1935 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1935, to Apr. 5, 1935
I last saw him alive on Apr. 5, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza
Other contributory causes of importance:
Pneumonia
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? No
If so, specify
(Signed) J. R. Pinion, M. D.
(Address) Parthensville, Mo.

