

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 4 1935

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

Do not use this space.

15280

1. PLACE OF DEATH

County Shannon
Township Shannon
City Union (No.)

Registration District No. 824
Primary Registration District No. 6076

File No.
Registered No. St. Ward

2. FULL NAME

Ellen Edward Anderson
(a) Residence, No. Round Spring Mo. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1928

7. AGE YEARS 7 MONTHS 1 DAYS 16 If LESS than 1 day, ... hrs. or min.

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

13. NAME James R. Anderson

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

15. MAIDEN NAME Ellen Conway

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

17. INFORMANT J. R. Anderson (ADDRESS) Round Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill DATE 4-21-1935

19. UNDERTAKER None (ADDRESS)

20. FILED 4-21-1935 Frank Hyde M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4-17-1935 to 4-21-1935

I last saw him alive on 4-21-1935. Death is said to have occurred on the date stated above, at 5-9 m.

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

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) W. B. Anderson M. D.
(Address)

