

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

Do not use this space.

AUG 23 1935

27363

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 140

Township Moberly

Primary Registration District No. 3034

Registered No. 140

City Woodland Hospital

(No. Woodland Hospital St. Ward)

2. FULL NAME

William B. Anderson

(a) Residence, No. St. Ward R.F.D. Moberly Mo
(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 <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Verna Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4th 1894</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	IF LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Frank Anderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Verna Black</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs Verna Black</u> (Address) <u>mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Anderson</u> DATE <u>Aug 13th 1935</u>		
19. UNDERTAKER <u>Mahan and Son</u> (Address) <u>Moberly Mo</u>		
20. FILED <u>8/15 1935</u> <u>Elmer E. Walker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1935, to Aug. 13, 1935

I last saw him alive on Aug. 13, 1935. Death is said to have occurred on the date stated above, at 5:00 P. m.

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

Accidentally injured by belt of threshing machine catching him & throwing him against machine

Other contributory causes of importance:

Cerebral laceration & fractured skull

Name of operation None Date of None

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? accident Date of injury Aug 9, 1935

Where did injury occur? Near Moberly, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Industry (Threshing)

Manner of injury Caught by belt of threshing machine

Nature of injury Skull fracture & cerebral laceration

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Threshing

(Signed) R.D. G. Trotter, M. D.

(Address) Moberly, 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.

