SEP 26 1935

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

Do not use this space.

27415

1. PLACE OF DEATH
County: St Clair
Township: Speedwell
City: (No. , St. Ward)

Registration District No. 769
Primary Registration District No. 6015

File No.
Registered No. 6

2. FULL NAME: Benjamin F 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-12-1858

7. AGE: Years 76 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
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.:
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): Mo

FATHER
13. NAME: James Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Polly Whitley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Mrs Wm Reed
(ADDRESS) Schell City Mo R

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Grove DATE: 8/9 1935

19. UNDERTAKER: Gwinn-Sydes
(ADDRESS) El Dorado Springs Mo

20. FILED: 8/8 1935 Mr. J W Richardson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1934 to 8-8 1935
I last saw ~~h~~ alive on 8-8 1935 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset

Other contributory causes of importance: Tuberculosis of Lungs

Name of operation: None Date of:
What test confirmed diagnosis? Clin diag 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 No, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
None
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: No
(Signed) J W Richardson, M. D.
(Address) Taft 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.