

OCT 21 1935

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

Do not use this space.

28987

1. PLACE OF DEATH

County Cedar
Township Box
City Box (No.)

Registration District No. 163
Primary Registration District No. 5228

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. George Anson 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 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) March 22-1853

7. AGE YEARS 82 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Transfer & Storage
Retired (25 yrs)

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) Iowa
(STATE OR COUNTRY)

13. NAME Francis Anson

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

15. MAIDEN NAME Lucinda Groves

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

17. INFORMANT O. W. Anson (son)
(ADDRESS) El Dorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City (Cem.) DATE 9-8-1935

19. UNDERTAKER Groves - Siders
(ADDRESS) El Dorado Springs, Mo.

20. FILED 9/8 1935 W. Harrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Sept 6-1935

I last saw him alive on Sept 5-1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Septic Throat
Infection
Cause unknown

Other contributory causes of importance:
Gen debility from
old age

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. Harrison, M. D.
(Address) El Dorado Springs, Mo.

