

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHENOCOPY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS should state very important.

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

Do not use this space.

29313

1. PLACE OF DEATH

County GRUNDY
Township _____
City TRENTON (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

JUNIOR WARD ANDERSON

(a) Residence, No. NEW MERCEST St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 17 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or _____ hrs. or _____ min.
	<u>54</u>	<u>8</u>	<u>10</u>	<u>X</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) 8-31-35 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds Kansas

13. NAME Joseph Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds Kentucky

15. MAIDEN NAME Anderson

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

17. INFORMANT Lottie Anderson (ADDRESS) 1545 New Mercest St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE 9-6-35

19. UNDERTAKER Raymond A Davis (ADDRESS) 1545 New Mercest St

20. FILED 9-5-35 J. D. Fair Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1 September 35 to 4 Sept, 1935
I last saw him alive on 4 Sept 1935 Death is said to have occurred on the date stated above, at 4:30 P m.

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

Broncho Pneumonia Date of onset 1 day
Influenza 5 days

Name of operation none Date of _____
What test confirmed diagnosis? W.P.A. 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 _____, 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) E. A. Clabby MD, M. D.
(Address) Trenton Mo

