

N. B.—Every item of information should be carefully supplied. AGE cannot 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.

NOV 13 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County SchuylerRegistration District No. 802Township DunningPrimary Registration District No. 4448City Dunning

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Dunning Mo. 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

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

John W. Anders

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

10-21-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7404

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home

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)

Massouri

13. NAME

Jacob Elston

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

Illinois

15. MAIDEN NAME

Martha

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

Unknown

17. INFORMANT (ADDRESS)

Oscar Anders
Dunning Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coffin buriedDATE 10-28-1935

19. UNDERTAKER (ADDRESS)

Dr. Riley
Richwood Mo

20. FILED

10-351935J. J. Bayler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-1935

22. I HEREBY CERTIFY, That I attended deceased from

9/25, 1935, to 10/9, 1935I last saw her alive on 10/9, 1935 Death is saidto have occurred on the date stated above, at 8:45 a.m.

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

Empyema of Left Lungs
and gall stones.

Date of onset

Other contributory causes of importance:

Name of operation Clebsyctomy Date of 9/26/35What test confirmed diagnosis? Report Was there an autopsy? no

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 none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Elston, M. D.(Address) Richwood Mo

