

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

Do not use this space.

35917

1. PLACE OF DEATH

County Howe
Township SPRING CREEK
City POTTERSVILLE

Registration District No. 384
Primary Registration District No. 5339

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

2. FULL NAME

(a) Residence, No. Pottersville Mo. 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 MA 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adele Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1868

7. AGE YEARS 77 MONTHS 5 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, 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) Potosi, Mo. (STATE OR COUNTRY) Missouri

13. NAME Alexander Anderson

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

15. MAIDEN NAME Elizabeth McHenry

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

17. INFORMANT (ADDRESS) Mrs. W. F. Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Zion DATE 11-7- 1935

19. UNDERTAKER (ADDRESS) Robertson's Mortuary

20. FILED 11-7 1935 Vida Kr. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935, to Nov 4 1935

I last saw him alive on Oct. 30 1935 Death is said

to have occurred on the date stated above, at 1:00 A.M.

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

Myocardial with
Valvular corappening
(Heart)

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms 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 _____ 1935

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? Yes

If so, specify _____

(Signed) R. A. Sparks M. D.

(Address) Potosi, Mo.

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2
2
6-2-35
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.

