

JAN 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40064

1. PLACE OF DEATH

County Knox
 Township Edgemoor
 City (No.)

Registration District No. 1066
 Primary Registration District No. 66-97

File No.
 Registered No. 8
 St. Ward

2. FULL NAME

(a) Residence, No. 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 <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mary Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 - 1872</u>		
7. AGE <u>63</u>	YEARS <u>6</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Canton Mo</u>		
13. NAME <u>James S. Anderson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boon Co Ky</u>		
15. MAIDEN NAME <u>Mariah McDaniel</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Co Ky</u>		
17. INFORMANT <u>Wallie Anderson</u> (ADDRESS) <u>Knox City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Knox City Mo</u> DATE <u>Dec 13 1935</u>		
19. UNDERTAKER <u>B. F. Leeger</u> (ADDRESS) <u>Knox City Mo</u>		
20. FILED <u>Dec 15 1935</u> <u>Orville Windner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 193522. I HEREBY CERTIFY, That I attended deceased from Dec 8 1935, to Dec 11 1935

I last saw him alive on Dec 10 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

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) J. R. Northcutt, M. D.(Address) Knox City 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.

