JAN 18 1936

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

Do not use this space.

40543

File No. 266

Registered No.

1. PLACE OF DEATH
County Pemiscot
Township Braggadocio
City Braggadocio (No. , St. Ward)
Registration District No. 653
Primary Registration District No. 5811

2. FULL NAME Calvin Andrew Anderson

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

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	55	10	20	

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

FATHER
13. NAME J. F. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER
15. MAIDEN NAME Armindia Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT (ADDRESS) Mrs. G. Brogdon Braggadocio Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 12/7 1935

19. UNDERTAKER (ADDRESS) H. L. Sitzler Caruthersville Mo

20. FILED 12-7 1935 Jno K Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935, to Dec 6 1935
I last saw him alive on Dec 6 1935. Death is said to have occurred on the date stated above, at 5 04 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/29/35

Other contributory causes of importance: None

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? No
If so, specify —

(Signed) James O Dickey, M. D.
(Address) Brogg 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.