WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

8962

1. PLACE OF DEATH MAR 26 1936
County Vernon
Registration District No. 875
Township
Primary Registration District No. 3039
City Nevada (No. , St. Ward)

File No.
Registered No. 45

2. FULL NAME Alex M. Anderson
(a) Residence, No. S. Oak St. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1863

7. AGE YEARS 72 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer
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) Stockholm Sweden

FATHER
13. NAME Andrew Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER
15. MAIDEN NAME Katherine —?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Russell Anderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton DATE Feb. 23 1936

19. UNDERTAKER (ADDRESS) Eichinger Fun'l Home Nevada Mo

20. FILED 2/23/ 1936 M. Eichinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935, to Feb 20, 1936
I last saw him alive on Feb 20, 1936 Death is said to have occurred on the date stated above, at 7-30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious Anaemia | 1935 |
| 7/0 | |

Other contributory causes of importance:
Advanced age.

Name of operation None Date of —
What test confirmed diagnosis? — 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 —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) J. N. Lotz, M. D.
(Address) Nevada, Mo.