

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.

APR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Camden
Township Osage
City _____ (No. _____)

Registration District No. 117
Primary Registration District No. 3167

File No. 9585
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Charles Pardon Anderson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 18 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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) <u>Wife Agnes Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10, 1889</u>		
7. AGE <u>46</u>	YEARS <u>5</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bridge Const. Foreman</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 <u>30 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parsons, Tenn.</u>		
MOTHER FATHER	13. NAME <u>A. H. Anderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	15. MAIDEN NAME <u>Gilmora</u>	
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	17. INFORMANT (ADDRESS) <u>Wife Agnes Anderson</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parsons, Tenn.</u> DATE <u>Apr 1, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Holman</u>		
20. FILED <u>Apr 10, 1936</u> <u>Lizzie Keller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to March 29, 1936
I last saw him alive on March 29, 1936. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
Date of onset 3/24/36

Other contributory causes of importance:
None

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? No 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) Lyle B. Smith, M. D.
(Address) Camden, Mo.

