

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 28 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15973

1. PLACE OF DEATH

County Macon

Registration District No. 533

Township Macon

Primary Registration District No. 3027

City Macon (No. 48)

File No. 48

Registered No. 48

St. Mo. Ward 48

2. FULL NAME

Charles Anderson

(a) Residence, No. St. Ward 48

(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 Male 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 Clara Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Born Sept 21-1900

7. AGE YEARS 36 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 10/7/35 11. Total time (years) spent in this occupation 10/7/35

12. BIRTHPLACE (CITY OR TOWN) Macon, Mo. (STATE OR COUNTRY)

13. NAME W. H. Anderson

14. BIRTHPLACE (CITY OR TOWN) Macon, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Sue Patton

16. BIRTHPLACE (CITY OR TOWN) Macon, Mo. (STATE OR COUNTRY)

17. INFORMANT W. H. Anderson (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill Co. DATE 4-14-36

19. UNDERTAKER Stephen & Gooding (ADDRESS) Macon, Mo.

20. FILED 4/25 1936 Geo. Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-36

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936 to April 12, 1936. I last saw him alive on 11 April 1936. Death is said to have occurred on the date stated above, at 12 m. The principal cause of death and related causes of importance were as follows: Broncho pneumonia

Other contributory causes of importance: 10/7/35

Name of operation 10/7/35 Date of 10/7/35
What test confirmed diagnosis? 10/7/35 Was there an autopsy? 10/7/35

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 10/7/35 Date of injury 10/7/35, 19 10/7/35. Where did injury occur? 10/7/35 (Specify city or town, county, and State) 10/7/35. Specify whether injury occurred in industry, in home, or in public place. 10/7/35

Manner of injury 10/7/35
Nature of injury 10/7/35

24. Was disease or injury in any way related to occupation of deceased? 10/7/35
If so, specify 10/7/35
(Signed) W. H. Anderson, M. D.
(Address) Macon, Mo.

