

MAY 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18189

1. PLACE OF DEATH

County Sevier
 Township Richland
 City (No. St. Ward)

Registration District No. 821
 Primary Registration District No. 6070

File No.
 Registered No.

2. FULL NAME

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

Length of residence in city or town where death occurred 4 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED (WIDOWED OR DIVORCED) HUSBAND OF <u>Mary Anderson</u> (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 15 1873</u>		
7. AGE <u>62</u> YEARS <u>2</u> MONTHS <u>9</u> DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	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. <u> </u>	
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penola Co Mississippi</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Julia Harris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT (ADDRESS) <u>Ernest Anderson</u> <u>Sevier RR 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sevier</u> DATE <u>4/25</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Matth Smith</u> <u>Sevier RR 3</u>		
20. FILED <u>May 2</u> 19 <u>36</u> <u>W. H. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 193622. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 I last saw h. alive on , 19 . Death is saidto have occurred on the date stated above, at 9:10 m.

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

Cancer of
stomach
44

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) H. G. Smith Sevier W. D.
 (Address) Sevier RR 3 Penola Co

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.

