MAY 20 1936

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

Do not use this space.

19006

File No.
Registered No. 783

1. PLACE OF DEATH
County Daviess
Registration District No. 250
Township
Primary Registration District No. 4150
City Gallatin (No. , St. Ward)

2. FULL NAME John J. Anderson
(a) Residence, No. Gallatin, Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1841

7. AGE: Years 94 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 40 yrs.
10. Date deceased last worked at this occupation (month and year) Abt. 1895
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Jackson Co.,
(STATE OR COUNTRY) Indiana

FATHER
13. NAME William Anderson
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Roberson
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Ida Jones
(ADDRESS) Cameron, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE May 9 1936

19. UNDERTAKER Bone Furniture & Undt. Co
(ADDRESS) Gallatin, Missouri

20. FILED 5-9- 1936 M. L. Gardner
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29 1936, to May 7 1936
I last saw him alive on May 7 1936. Death is said to have occurred on the date stated above, at 9:30 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Debility of age | |

Other contributory causes of importance:
Arteriosclerosis

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) L. R. Baseline, M. D.
(Address) Gallatin, Mo.

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.