

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr V E Kenney

AUG 21 1936

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

Do not use this space.

27035

1. PLACE OF DEATH

County Gasper Registration District No. 411
 Township Helenas Primary Registration District No. 2002
 City Gasper (No. 323 N. Mineral St. _____ Ward)

2. FULL NAME

Richard Anderson
 (a) Residence, No. 323 N Mineral 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 Dorothy Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 9 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.P. Section Foreman
 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) Louisiana

MOTHER FATHER
 13. NAME Harrison Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

15. MAIDEN NAME Susie Bean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT Dorothy Anderson (ADDRESS) 323 N Mineral

18. BURIAL, CREMATION, OR REMOVAL Deert Memorial Park DATE July 22 36

19. UNDERTAKER Hautzschberg Co (ADDRESS) 4th & Wash

20. FILED 7-22 1936 Ed G. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1936
 22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to July 20 1936
 I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P m.
 The principal cause of death and related causes of importance were as follows:

acute endocarditis
Coronary Occlusion
 Other contributory causes of importance: 948
 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) V E Kenney, M. D.
 (Address) 311 Miners Bldg.

