

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.

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

Do not use this space.

AUG 22 1936

27290

1. PLACE OF DEATH

County Macon
Township Hudson
City (No.)

Registration District No. 533
Primary Registration District No. 8713

File No. _____
Registered No. 85
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Sella Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27-1889</u>		
7. AGE <u>46</u>	YEARS <u>7</u>	MONTHS <u>18</u>
		DAYS <u>18</u>
		If LESS than 1 day, _____ hrs. or _____ 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.
	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)
Ill

13. NAME
August G. Anderson

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

15. MAIDEN NAME
Emma C. Anderson

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

17. INFORMANT (ADDRESS)
Elmer Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE
Cedar Hill, Ill. DATE July 18-1936

19. UNDERTAKER (ADDRESS)
Stephens & Ladd

20. FILED 8/11 1936 Sella Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
July 15 1936

22. I HEREBY CERTIFY that I attended deceased from July 5 1936 to July 15 1936

I last saw him alive on July 15 1936 Death is said

to have occurred on the date stated above, at 10:40 a.m.

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

Acute Catatonic Date of onset July 1 1936

schizophrenia with

febrile state and

inanition

Other contributory causes of importance: Previous attack Oct 1936

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? _____ 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) H. Boyle D.O. M.D.

(Address) Macon Missouri

