

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

Do not use this space.

OCT 1 1936

1. PLACE OF DEATH

County Worth Registration District No. 962
Township Fletcher Primary Registration District No. 4045
City Grant City (No. _____) St. _____ Ward _____

File No. 29696
Registered No. _____

2. FULL NAME James Anderson

(a) Residence, No. Grant City St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. 3 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1936

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

22. I HEREBY CERTIFY That I attended deceased from July 2 1936 to July 26 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1849 - Jan 6
7. AGE 87 YEARS 6 MONTHS 20 DAYS If LESS than 1 day, _____ hrs. or _____ min.

I last saw her alive on July 26 1936 Death is said to have occurred on the date stated above, at 6:09 a.m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
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) 6 months
11. Total time (years) spent in this occupation 64 yrs

Accidents of liver Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Home, Mo. nodaway Co.

Other contributory causes of importance: 4/0

13. NAME A. J. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation _____ Date of _____
What test confirmed diagnosis? Spinal fluid Was there an autopsy? no

15. MAIDEN NAME Candace Hindstaff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

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. _____

17. INFORMANT Max O. B. Ferguson, col
(ADDRESS) 7025 W. Anaheim, Wilmington

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell DATE July 27 1936

19. UNDERTAKER W. A. Andrews
(ADDRESS) Worth, Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED 9-9 1936 Ed Mullins Registrar

(Signed) R. R. Rasmussen M. D.
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

