

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

Do not use this space.

41817

1. PLACE OF DEATH

County Leura
Township Jefferson
City Boonville (No. 5663)

Registration District No. 500
Primary Registration District No. 5663

File No. 14
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE (MARRIED) WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
86 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Oct 1930 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadvile Pa

13. NAME Abraham Read

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

15. MAIDEN NAME Leura Allen

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

17. INFORMANT Mrs. C. P. Reed (ADDRESS) Boonville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lynchburg DATE Nov 20 1936

19. UNDERTAKER (ADDRESS) Hecker & Haller

20. FILED Nov 2 1936 Geo O. Plowman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 2PM 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Nov 17 1936. I last saw him... alive on Oct 31 1936. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Cancer (carcinoma) of Prostate with metastases.

Date of onset 1934

Other contributory causes of importance:
Chronic Prostatitis for years operated in 1920

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? No
If so, specify _____
(Signed) J. W. Hardy, M. D.
(Address) Boonville Mo

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.

