

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

Do not use this space.

72

FEB 15 1937

1. PLACE OF DEATH

County Barnes Registration District No. 29
 Township Clatfleur Primary Registration District No. 5038
 City..... (No.....) St..... Ward.....

File No.....

Registered No. 7

2. FULL NAME

Billie Joe Anderson
 (a) Residence, No. Cassville mo. 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5th</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>1</u>
		DAYS
		<u>8</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>None.</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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1937.

22. I HEREBY CERTIFY That I attended deceased from Jan 7 to Jan 13, 1937
 I last saw h..... alive on Jan 13, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Brain and Pneumonia
 Date of onset 1/15
 Other contributory causes of importance: 1070

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cassville mo.</u>
FATHER	
13. NAME	<u>Billie Anderson</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cassville mo.</u>
MOTHER	
15. MAIDEN NAME	<u>Jean Hohense</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Tyrone Mo.</u>
17. INFORMANT (ADDRESS)	<u>Jean Anderson Cassville mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Cassville Co. Mo. DATE <u>Jan 15, 1937</u></u>
19. UNDERTAKER (ADDRESS)	<u>Houzel - Huber Cassville mo.</u>
20. FILED	<u>Jan 19, 1937</u> <u>J. G. Johnson</u> Registrar.

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) J. G. Johnson Registrar.
 (Address) Cassville, Mo.

WRITE PLAINLY WITH INK

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.

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