

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.

JAN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

35- County Dunklin
Township Salmon
City (No. St. Ward)

Registration District No. 290
Primary Registration District No. 5408

File No. 846
Registered No. 67

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward

(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) Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Dunklin Mo

13. NAME E. H. Anderson

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

15. MAIDEN NAME Carrie Matchel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo

17. INFORMANT E. H. Anderson
(ADDRESS) Salmon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Homer County DATE Jan 4, 1937

19. UNDERTAKER M. Daniel
(ADDRESS) Salmon, Mo

20. FILED Jan 11 19 27 A. S. McDaniel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1937

22. I HEREBY CERTIFY That I attended deceased from 1-4-37 to 1-4-37

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 7:00 AM.

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

From father's description
very evidently died
a ghastly death
child was dead
before I saw it.

Other contributory causes of importance:

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. A. Kerin M. D.

(Address) Kennett, Mo

