

MAR 17 1937

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

Do not use this space.

5544

1. PLACE OF DEATH

County Blair Registration District No. 201
Township Liberty Primary Registration District No. 5280
City Liberty (No.) St. Ward

File No. 22Registered No.

2. FULL NAME

(a) Residence, No. Henry D. Anderson 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Petty Anderson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-18477. AGE YEARS 89 MONTHS 5 DAYS 0 If LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Blair Co. Mo.13. NAME Joseph D. Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Mary Young16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT Mrs. Harry Matthey (ADDRESS) Liberty Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 2-5- 193719. UNDERTAKER Thos. M. Gynn (ADDRESS) Liberty Mo.20. FILED 2-2- 1937 E. T. B. GINN Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 193722. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to Feb 2, 1937I last saw him alive on Feb 2, 1937 Death is said to have occurred on the date stated above, at 12:00 pm.

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

General arteriosclerosisOther contributory causes of importance: Name of operation Date of What test confirmed diagnosis? clinical 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) Burton Matthey, M. D.(Address) Liberty Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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