

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Updell
Township Byron
City PiedmontRegistration District No. 891
Primary Registration District No. 6191File No. 14010
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Baby Anderson(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred _____ yrs. _____ mos. X 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X9. Industry or business in which work was done, as mill, saw mill, bank, etc. X

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)

Piedmont

13. NAME

Donald C. Anderson

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

Piedmont

15. MAIDEN NAME

Lara B. Brinkley

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

Brill Springs

17. INFORMANT (ADDRESS)

Donald C. Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anderson cemetery DATE March 27 1937

19. UNDERTAKER (ADDRESS)

Norman W. Light

20. FILED

3-4 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:45 A.M.

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

Illness of mother (Pneumonia) breakdown of pelvic floor of mother. I was born on March 4th 1937Date of onset 3/26/37

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 _____ 3

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. M. B. Reubens(Address) Piedmont, 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.

WHITE PLAINES WITH UNFADING INK—THIS IS A PERMANENT RECORD

