

AUG 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27115

1. PLACE OF DEATH

 33 County Deer
 Township Deer
 City _____ (No. _____)

 Registration District No. 1035
 Primary Registration District No. 5372

 File No. _____
 Registered No. 9 St. _____ Ward _____

2. FULL NAME

Charles Oral Anderson

(a) Residence, No. _____ St. _____ 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) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1880
 7. AGE YEARS 57 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

 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) Dec 1936 11. Total time (years) spent in this occupation all life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska13. NAME John Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.15. MAIDEN NAME Ellen Flen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.17. INFORMANT Everett Taylor (ADDRESS) Salem, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cem. DATE July 11, 1937
19. UNDERTAKER D. A. Johnson (ADDRESS) Salem, Mo.20. FILED 7/11 1937 J. A. Kiscock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 193722. I HEREBY CERTIFY that I attended deceased from Jan. 1937 to July 1937I last saw him alive on June 15, 1937 Death is saidto have occurred on the date stated above, at 8:25 P.M.

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

Osteomyelitis of right shoulder and arm
Date of onset Nov '35

Other contributory causes of importance:

Injury to shoulder by falling against stump

 Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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 Nov 35
Where did injury occur? Deer County, Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. At home
 Manner of injury falling against stump
 Nature of injury causing osteomyelitis
24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify regarding stumps from road
 (Signed) J. S. Dillard M. D.
 (Address) Salem, Mo.

