

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.

AUG 25 1937

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

Do not use this space.

27703

1. PLACE OF DEATH

County Livingston

Registration District No. 5.8

Township Chillicothe

Primary Registration District No. 3026

City Chillicothe (No. _____)

File No. _____

Registered No. 99

St. _____ Ward _____

2. FULL NAME James J. Anderson

(a) Residence, No. Washington 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 78 3 12

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) Howard County
(STATE OR COUNTRY) Missouri

13. NAME Charles Anderson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Agustus Anderson
(ADDRESS) Marceline, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. Colored DATE July 16, 1937

19. UNDERTAKER F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED July 14, 1937 Donald W. Howard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13 to July 14, 1937

I last saw him alive on July 13, 1937 Death is said to have occurred on the date stated above, at 1:35pm.

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

Cerebral Hemorrhage (Date of onset _____)

Other contributory causes of importance: 8201

Name of operation No Physical Date of _____

What test confirmed diagnosis Physical 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) Richard Brown M. D.

(Address) Chillicothe Mo

