

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. McBarnick Hospital)

Registration District No. 735
Primary Registration District No. 3034

File No. 31557
Registered No. 180
St. 2 Ward 2

2. FULL NAME

(a) Residence, No. John August Anderson St. Sugar Creek Township
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18th 1856</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>11</u>
		<u>24</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Sweden

13. NAME Lars Anderson

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

15. MAIDEN NAME Eliza Johnson

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

17. INFORMANT Sandford Anderson (ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE Aug 13th 1937

19. UNDERTAKER Maham and Son (ADDRESS) Moberly Mo

20. FILED Aug 13 - 1937 Ethel S. Blanton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1937, to Aug 12th 1937. I last saw him alive on Aug 12th 1937. Death is said to have occurred on the date stated above, at 3:22 a.m.

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

Nephritis and
Lobar pneumonia

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? no
If so, specify.....
(Signed) M. D. H. C. C. C., M. D.
(Address) Moberly, Mo.

