

OCT 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MüllerRegistration District No. 561Township CedarPrimary Registration District No. 4330City Cedar

(No. _____)

St. _____

Ward _____

2. FULL NAME Charles E. Anderson(a) Residence, No. Cedar

(Usual place of abode)

Ward Hesper

(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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word), Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ester F. Anderson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1891

7. AGE

YEARS 46MONTHS 1DAYS 28

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

Farmer12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne Indiana

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT C. Brown(ADDRESS) High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE High Point DATE Sept. 28 193719. UNDERTAKER Eldon Funeral Home(ADDRESS) Eldon Mo.20. FILED Sept. 28 1937Belle Haynes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26 193722. I HEREBY CERTIFY, That I attended deceased from 9-26, 1937, to 9-26, 1937I last saw him alive on 9-26, 1937. Death is saidto have occurred on the date stated above, at 8 A. m.

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

Uremia

Date of onset

9-22-37

Other contributory causes of importance:

Chronic Interstitial NephritisName of operation None

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) E. C. Shelton

M. D.

(Address) Eldon Mo.Eldon 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.

