

NOV 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38505

1. PLACE OF DEATH

County PikeRegistration District No. 689Township BuffaloPrimary Registration District No. 3033City Parisiana(No. Pike Co. Hospital)

File No.

Registered No.

St. Ward)

2. FULL NAME

unnamed 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

Male

4. COLOR OR RACE

Colored

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)

10-22-37

7. AGE

YEARS

MONTHS

DAYS

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

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

Pike Co., Mo

FATHER

13. NAME Spencer Abraham Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisiana, Mo

MOTHER

15. MAIDEN NAME Mildred Watts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisiana, Mo

17. INFORMANT (ADDRESS)

Mildred Anderson
Parisiana Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE RiverviewDATE 10-22-1937

19. UNDERTAKER (ADDRESS)

H. H. Hales Jr
Louisiana Mo20. FILED 10-22-1937H. H. Hales Jr

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-1937

22. I HEREBY CERTIFY, That I attended deceased from

10-22-1937 to 10-22-1937I last saw him alive on 10-22-1937 Death is saidto have occurred on the date stated above, at 11:00 a.m.

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

Date of onset

Acute Thymus
Lymphatic

Other contributory causes of importance:

Name of operation no op Date of noWhat test confirmed diagnosis? no 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 no

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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

H. H. Hales Jr
Louisiana 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.

WRITE PLAINLY WITH NON-FADING INK—THIS IS A PERMANENT RECORD

