

JAN 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Laclede
 Township Franklin
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 95-2
 Primary Registration District No. 5617

File No. 45796

Registered No. _____

2. FULL NAME

(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)

Single

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

DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1937

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>15</u>	

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

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Franklin, Mo.
(STATE OR COUNTRY)13. NAME Clifford D. Anderson14. BIRTHPLACE (CITY OR TOWN) Kans.
(STATE OR COUNTRY)15. MAIDEN NAME Edna R. Mellin16. BIRTHPLACE (CITY OR TOWN) Kans.
(STATE OR COUNTRY)17. INFORMANT C. D. Anderson
(ADDRESS) Rockland Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockland Mo. DATE Dec 18 193719. UNDERTAKER Phreid
(ADDRESS) Lawrence Mo.20. FILED Dec. 19 1937 Mrs. Vida Lambeth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased from

on Dec 16 1937 to onlyI last saw him alive on Dec 16 1937. Death is said

to have occurred on the date stated above, at _____ m.

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

Bronchial Pneumonia

Date of onset

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) A. L. Anthony, M. D.(Address) Rockland Mo.

107a

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

45-796

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 952
(b) Township Franklin Primary Registration District No. 3617
(c) City St. Louis (d) Street No. St. Louis
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eugene Stanley Anderson
(a) Residence, No. St. Louis (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
3 10 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Oakland Mo. Sept 2, 1927

13. NAME Clifford D. Anderson

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

15. MAIDEN NAME Rachel Edna Peterson

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

17. INFORMANT (ADDRESS) Rachel E. Anderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Mo DATE Dec 17 1937

19. FUNERAL DIRECTOR (ADDRESS) H.W. Bowman
Oakland Mo

20. FILED Dec 17 1937 A. L. Anthony Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on Dec 16, only, 1937. Death is said to have occurred on the date stated above, at 8 P.M.

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

Bronchial pneumonia Date of onset

Other contributory causes of importance:
A very delicate child and not sufficient food.

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
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?
If so, specify
(Signed) A. L. Anthony M. D.
(Address) Oakland Mo

