

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Pike

Registration District No.

687

Township

Prairieville

Primary Registration District No.

5713

City

(No.)

St.

Ward)

File No.

46376

Registered No.

2. FULL NAME

James Newton 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Leora Anderson

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

Apr. 23 - 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

71

7

23

OCCUPATION

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

James

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Pike Co. Mo.

FATHER

13. NAME

James R. Anderson

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

Unknown

MOTHER

15. MAIDEN NAME

Phoebe McNameold

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

Va

17. INFORMANT
(ADDRESS)

James Reuben Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dover Cemetery

DATE

Dec. 19th 1937

19. UNDERTAKER
(ADDRESS)

Eolia Hardware Co.

20. FILED

Dec. 18 1937

H. M. Koch

Registrar.

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

Dec. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 16 1937 to Dec. 16 1937

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

to have occurred on the date stated above, at 10 P. m.

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

Date of onset

Coronary Sclerosis

Other contributory causes of importance:

Coronary Occlusion

Name of operation

None

Date of

What test confirmed diagnosis?

None

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

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)

D. S. Hazard

M. D.

(Address)

Eolia, Mo.

