

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

Do not use this space.

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1

1. PLACE OF DEATH

County Sanbury
Township Athens
City (No. County Orleans)

Registration District No. 309
Primary Registration District No. 427

File No. 2724
Registered No. 3
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Stanbury Mo. P.O. Ward. 536
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Hanson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1862
7. AGE YEARS 75 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Lemna (STATE OR COUNTRY) Sweden

FATHER 13. NAME Andrew Anderson
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Sweden

17. INFORMANT Mrs. Ray (ADDRESS) Stanbury Mo. P.O.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Jan 20 1938

19. UNDERTAKER Brooklyn Funeral Home (ADDRESS) Albany Mo.

20. FILED Jan 18 1938 W. G. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1938, to Jan 17 1938, last saw him alive on Jan 17 1938. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Bughol
Deceased
Date of onset 1937

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____ (Signed) James W. Bange M. D.
Albany 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH