

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.

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

Do not use this space.

1. PLACE OF DEATH

86 County Putnam
Township Richland
City Richland (No. 536)

Registration District No. 722
Primary Registration District No. 3933

File No. 3827
Registered No. 2

2. FULL NAME

John William Anders St. 536 Ward 536

(a) Residence, No. 536 St. 536 Ward 536
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilder Anders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8-1860
7. AGE YEARS 78 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

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. Farm
10. Date deceased last worked at this occupation (month and year) Jan 1938
11. Total time (years) spent in this occupation 450

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

13. NAME Harrison Anders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Harry Anders
Centerville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pherego Cemetery DATE Jan 15 1938

19. UNDERTAKER (ADDRESS) Central Mortuary Co.
Centerville, Mo.

20. FILED Feb 10 1938 W M Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1938 to Jan 14 1938
I last saw him alive on Jan 10 1938 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Jan 10 1938

Other contributory causes of importance:

Name of operation Pharyngotomy Date of Jan 10 1938
What test confirmed diagnosis? Pharyngotomy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury Jan 10 1938

Where did injury occur? Home (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 None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) W. W. Bellman M. D.
(Address) Centerville, Mo.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
M.D. STATE BOARD OF HEALTH