

REC'D MAR 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Cass  
Township Bellau  
City Bellau (No. ....)

Registration District No. 148  
Primary Registration District No. 4082

File No. 1 6380  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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 Laura Bee Anders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
74 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 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) 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky.13. NAME unk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?15. MAIDEN NAME ?16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?17. INFORMANT Thomas E. Anders (ADDRESS) 305 W 64th Chicago18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3/219. UNDERTAKER B. K. Beane & Sons (ADDRESS) Bellau Mo.20. FILED 2-28 1938 R. M. Miller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938, to Feb. 27, 1938  
I last saw him alive on Feb. 27, 1938 Death is said

to have occurred on the date stated above, at 12:30 noon  
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease  
Mitral Insufficiency  
920-

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 ..... 3

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) R. M. Miller M. D. 0  
(Address) Bellau Mo.

Every record of monomania 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.

