

REC'D APR 19 1938
1938

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

10870
Do not use this space.

1. PLACE OF DEATH
 (a) County Brandy Registration District No. 329
 (b) Township Wilson Primary Registration District No. 5433 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 WILLIAM WOODS ANDERSON 536
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Coral Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1874
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 8 26
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Brandy Co Mo

FATHER 13. NAME Armon Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brandy Co Mo

MOTHER 15. MAIDEN NAME Hannah Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

17. INFORMANT (ADDRESS) Coral Anderson
Chula Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alpha Cem. DATE 3-29 1938

19. FUNERAL DIRECTOR (ADDRESS) C. J. Robertson
Laredo Mo

20. FILED 4-4- 1938 J. C. Humphreys
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935, to Mar 27, 1938
 I last saw him alive on Mar 26, 1938. Death is said to have occurred on the date stated above, at 5-50 a.m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
 Date of onset Do not know
 Other contributory causes of importance: HT

Name of operation _____ 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 _____, 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? Yes
If so, specify W. H. Mung..., M. D.
(Signed) W. H. Mung...
301 (Address) Wheeler...

WHILE FILLING IN THIS FORM, PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, E. J. Robertson Licensed Embalmer No. 2468
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. J. Robertson
.....L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed E. J. Robertson
Licensed Embalmer No. 2468

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)