

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Wagon
Township Carleton
City Nevada (No. 1 St. 536 Ward 536)

Registration District No. 875
Primary Registration District No. 3039

File No. 12360
Registered No. 70

2. FULL NAME

William Elwood Anderson
(a) Residence, No. 1013 N. Colorado St., 536 Ward.

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Still born</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 11, 1938</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	If LESS than 1 day <u>30</u> hrs. or <u>30</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nevada</u>	
	13. NAME <u>Ralph Anderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Verda May Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linnville, Iowa</u>	
17. INFORMANT <u>Ralph Anderson</u> (ADDRESS) <u>Nevada, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Mass Cemetery</u> DATE <u>Mar 12, 1938</u>		
19. UNDERTAKER <u>Ferry Funeral Home</u> (ADDRESS) <u>Nevada, Mo.</u>		
20. FILED <u>3-17</u> 1938 <u>Clifford Hays</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 193822. I HEREBY CERTIFY, That I attended deceased from March 11, 1938, to March 11, 1938I last saw him alive on March 11, 1938 Death is saidto have occurred on the date stated above, at 7:00 a.m.

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

encephalitis - treated 3 days & respirations ceased, pronounced dead 30 min after death
Date of onset 7:00 a.m.

Other contributory causes of importance:

Name of operation None Date of MDWhat test confirmed diagnosis? MD Was there an autopsy? MD23. 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? No

If so, specify _____

(Signed) [Signature], M. D.(Address) [Address]

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.

WRITE PRINTLY, WITH OMPENDING INK—THIS IS A PERMANENT RECORD

