

OCT 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City St. Louis

Registration District No. 878
Primary Registration District No. 5-5-27

File No. 32327
Registered No. 53
St. St. Louis Ward 53

2. FULL NAME

(a) Residence, No. St. Louis Ward 53
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Date of birth 10-18-86</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26 1938</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>6</u>	DAYS <u>13</u>
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) St. Louis Mo
(STATE OR COUNTRY)

13. NAME Joseph L. Anderson
14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Reynolds
16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John L. Anderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Sept 28 1938

19. UNDERTAKER (ADDRESS) C. R. T. Clark

20. FILED Oct 6 1938 V. Q. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 19 38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1938, to Sept. 26, 1938.
I last saw him alive on Sept. 25, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Typhoid Fever
Supervening Bronchial
Pneumonia
Date of onset 9-10-38
9-24438

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. S. Anderson
(Address) Higbee, Mo.

5. PR
(a)

3

4

5

6

7

8

9

10

11

12

13

14

15

16

10/8/38
File Number
Health Officer No. 8
10/ED

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32327
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
(b) Township Superior Primary Registration District No. 53.27 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(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

John F. Andrews
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE YEARS 77 MONTHS 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER 13. NAME Joseph L. Andrews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct. 6 1938 V. C. Bonham
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 19____ to 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. V. Druden M. D.

(Address) Highway

S-32327