

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

County Saline
Township Liberty
City (No.) Ward

Registration District No. 801

Primary Registration District No. 6045

File No. 33409

Registered No. 16

2. FULL NAME Benjamin Arthur Anderson

(a) Residence, No. Marshall, Mo. St. R 2 Ward.

(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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23rd, 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

46

7

19

OCCUPATION

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

Laborer

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)
(STATE OR COUNTRY)

New Jersey

FATHER
MOTHER

13. NAME Andrew Anderson

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

Dont Know

15. MAIDEN NAME

Dont Know

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

Dont Know

17. INFORMANT
(ADDRESS)

Mr. Luther Threlkeld
2000 Sprague St. No. R 7 10

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazel Grove Cem. DATE Sept. 13, 1938

19. UNDERTAKER
(ADDRESS)

Campbell-Lewis Funeral Home
Marshall, Mo.

20. FILED

Sept. 15, 1938 Miss John Shellenberger
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from
held inquest, 1938, to Sept. 12, 1938

I last saw alive on Sept. 12, 1938

Death is said

to have occurred on the date stated above, at 8:15 AM.

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

natural causes,
probably epileptic
seizure

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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 ✓, 1938

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) S. C. Bradshaw M. D.

(Address) Arrow Rock, Missouri
Coroner: Saline Co. Missouri

am

RECEIVED
District Health Officer No. 81
10/8/38
File Number
Filed