

656 JAN 26 1939

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

Do not use this space.

43901

1. PLACE OF DEATH
 County New Madrid Registration District No. 55
 Township Anderson Primary Registration District No. 62.62
 City Anderson (No. _____) St. _____ Ward _____
 2. FULL NAME Chas. Oliver Anderson
 (a) Residence, No. _____ St. _____ 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loth Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 1891
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 11 15
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Indiana
 MOTHER FATHER
 13. NAME Jimmie Anderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
 15. MAIDEN NAME Mary Frances Dowdy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. Ruth Anderson
 (ADDRESS) Anderson Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs. Hill, Ark DATE 12-12 38
 19. UNDERTAKER Lynd Russell
 (ADDRESS) Anderson Ark
 20. FILED Jan 10 1939 M. V. Murren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1938
 22. I HEREBY CERTIFY, That I attended deceased from 6-1 1937 to 12-11 1938
 I last saw him alive on 12-1 1938. Death is said to have occurred on the date stated above, at 12 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon Date of onset 1937
 Other contributory causes of importance: HT's
 Name of operation Exp. Sep. Date of 11-1938
 What test confirmed diagnosis? Exp. 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? _____
 If so, specify HT Jones (Signed) _____, M. D.
 (Address) Biggett, Ark

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 PLAINLY, WITH UNFADING INK—THIS IS AN IMPORTANT RECORD

