

REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1871

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township Cape Girardeau Primary Registration District No. 3009
 (c) City Cape Girardeau (d) Street No. St. No. 3 Hospital Registered No. 32
 (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

(a) Residence, No. Wm Grant Anderson St. Switzerland Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Daniel Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1878
 7. AGE YEARS 60 MONTHS 2 DAYS 7 If LESS than 1 day, ... hrs. or min.
 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) Cape Girardeau Mo
 13. NAME Daniel Wesley Anderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo
 15. MAIDEN NAME Nancy Howard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo
 17. INFORMANT (NAME) Mr. J. L. Jackson
 (ADDRESS) Century 1 Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 19 1939
 19. FUNERAL DIRECTOR (NAME) W. C. Corbin
 (ADDRESS) Jackson Mo
 20. FILED 1-17-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-13 - 1939, to 1-17 - 1939
 I last saw him alive on 1-12 - 1939 Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 3 days
Labor pneumonia

Other contributory causes of importance: 108

Name of operation none Date of
 What test confirmed diagnosis? X-ray 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? no

If so, specify

(Signed) D. D. Jackson M. D.(Address) Jackson, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 3057

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.