

1850 MAY 22 1939

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

15412  
Do not use this space.

1. PLACE OF DEATH

(a) County Berkingston 1 Registration District No. 508  
(b) Township Lehillicothe Primary Registration District No. 3026  
(c) City Lehillicothe (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

Hugh Patrick Anderson  
(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 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 Helara Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-10-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 8 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Ret  
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey 1

FATHER 13. NAME Hugh P Anderson 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Mary Campbell

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

17. INFORMANT (ADDRESS) Helara Anderson  
Lehillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE April-6-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James B Gordon  
Lehillicothe Mo

20. FILED 4-7-1939 Donald M. Rowell, M.D.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-4-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939 to April 4, 1939  
I last saw him alive on April 3, 1939. Death is said to have occurred on the date stated above, at 9:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Heart deceleration  
Chronic Hypertension  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Chronic Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_ 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) P. P. Symon, M. D.  
(Address) Lehillicothe, Mo

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.

RECEIVED

Health Officer No. 11

District File Number 39-493

Date Filed MAY 11 1939

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**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.....

James D Gordon....., Registered Apprentice No.....  
working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe?

**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.**