

50 JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township La Monte
City La Monte (No.)

Registration District No. 667
Primary Registration District No. 2440

File No. 19438
Registered No.
St. Ward)

2. FULL NAME Robert E. Anderson

(a) Residence, No. La Monte Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 Bettie Higgins Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 11

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

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) Pettis Co Mo.

13. NAME William Anderson

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

15. MAIDEN NAME Sarah Ann Marshall

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

17. INFORMANT (ADDRESS) Mary Anderson
La Monte Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 5-13-39

19. UNDERTAKER (ADDRESS) F. F. Parker
La Monte Mo.

20. FILED 5-11-39 F. F. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939

22. I HEREBY CERTIFY, That I attended deceased from May 8 1939, to May 11 1939

I last saw him alive on May 11 1939. Death is said to have occurred on the date stated above, at 5 A. m.

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

Polio - lower
Signoid
Date of onset: May 8 39

Other contributory causes of importance: Age 128 1/2

Name of operation Date of
What test confirmed diagnosis? Smear 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) W. E. Walker M. D.
(Address) La Monte Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X9314

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6/7/39