

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

7530

Do not use this space.

1. PLACE OF DEATH

(a) County newspaper Registration District No. 274
 (b) Township Lewis Primary Registration District No. 6261 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

(a) Residence, No. 530 EDD ANDERSON 2, -
 (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 MALE	4. COLOR OR RACE col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) for 11 / 1911		
7. AGE YEARS 28	MONTHS 11	DAYS 20
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
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) 7 months		
11. Total time (years) spent in this occupation Life time		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pekin miss		
13. NAME John Anderson		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pekin miss		
15. MAIDEN NAME Mattie Jones		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pekin miss		
17. INFORMANT (ADDRESS) John Anderson		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 1/2 '40		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fortz, George Pennington MO.		
20. FILED Feb 1 1940 E. E. Jones Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 1** 19**40**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 2** 19**40** to **Feb 1** 19**40**
 I last saw him alive on **Jan 10** 19**40**. Death is said to have occurred on the date stated above, at **11 a.m.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset **23**

Other contributory causes of importance:

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) **E. E. Jones** M. D.
537 (Address) **Lilbourn miss**

RECEIVED
District Health Officer No. 340-78
District File Number 3/13/4
Date Filed 3/13/4

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.....

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.