

FILED OCT 12 1940

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

Do not use this space.

31593

1. PLACE OF DEATH *Candeur* <sup>2</sup>  
County *George* <sup>0</sup> Registration District No. *117*  
Township *George* Primary Registration District No. *5767*  
City *Lincoln* (No. *1*) St. *1* Ward *1*

2. FULL NAME *Baby Anderson, died unnamed*

(a) Residence, No. *1* St. *1* Ward *1*  
(Usual place of abode)  
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 *Female*  
4. COLOR OR RACE *W*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *✓*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-24-1940*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *3.0 min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*

12. BIRTHPLACE (CITY OR TOWN) *Candeur Co*  
(STATE OR COUNTRY) *Mo*

13. NAME *George Frank Anderson*

14. BIRTHPLACE (CITY OR TOWN) *Candeur Co*  
(STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Opel Glenn Shipman*

16. BIRTHPLACE (CITY OR TOWN) *Candeur Co*  
(STATE OR COUNTRY) *Mo*

17. INFORMANT *W. C. Lewis*  
(ADDRESS) *Candeur Mo*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Conway* DATE *9-25-1940*

19. UNDERTAKER *None*  
(ADDRESS) *112*

20. FILED *Oct 9 1940* *Lizzie Meller*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-24-1940*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 24*, 1940, to *Sept 24*, 1940

I last saw him alive on *Sept 24*, 1940. Death is said to have occurred on the date stated above, at *1:30* p. m.

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

*Premature Birth* Date of onset *154*

Other contributory causes of importance:

Name of operation *—* Date of *—*

What test confirmed diagnosis? *—* Was there an autopsy? *—*

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 *—*

(Signed) *W. C. Lewis* M. D.

(Address) *Candeur Mo*

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1469

Date Filed 10-10-40