FILED OCT 12 1940

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

Do not use this space.

31691

1. PLACE OF DEATH
County Cedar
Township
City El Dorado Springs (No.) St. Ward)
Registration District No. 163
Primary Registration District No. 4093
File No.
Registered No. 44

2. FULL NAME Charles Riddle Anderson
(a) Residence, No. Clinton, Mo. St. Route Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. 14 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Margaret Alice Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8-1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) June, 1940
11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME F. M. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norris Henry Co. Mo

MOTHER
15. MAIDEN NAME Margaret Alice Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blairstown, Mo

17. INFORMANT (ADDRESS) Ruby Anderson Chilhowee, Mo.
18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Mo. Yr. 15 Mo. Sept. 14 1940
19. UNDERTAKER (ADDRESS) Loyd Wilkinson Clinton Mo
20. FILED 9-12-1940 J. H. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1940
22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1940, to Sept 12 1940
I last saw him alive on Sept 12, 1940 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other contributory causes of importance: 46	

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) J. H. Dawson, M. D.
(Address) El Dorado Springs

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
District Health Officer No. 7,
District File Number 10-40-1402
Date Filed 10-8-40