FILED JAN 19 1944

FILED JAN 19 1944

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

Do not use this space.

3992

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.

83
1. PLACE OF DEATH
County Pulaski — Registration District No. 290 — File No.
Township Liberty — Primary Registration District No. 5984 — Registered No. 9
City ~~Swedeborg,~~ Mo. (No. ..., St. ..., Ward)

2. FULL NAME Frank Gustaf Anderson

(a) Residence, No. 1 ... St., ... Ward. (If nonresident, give city or town and State)
(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. 0 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Selma Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1860
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
83	19	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sweden 4

FATHER
13. NAME John Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 4

MOTHER
15. MAIDEN NAME Caroline Hiemaster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 4

17. INFORMANT Mrs. Lily Barson
(ADDRESS) Swedeborg, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Cem. DATE Jan. 9, 44
19. UNDERTAKER J. L. Hoops & Sons.
(ADDRESS) Crocker, Mo.
20. FILED Jan 15 1944 Chas M. Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Dec~~ January 5, 1944

22. I HEREBY CERTIFY, That I attended deceased from January, 1943, to Dec 15, 1943
I last saw h.im alive on Dec 15, 1943 Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal Disease	10 yrs.

Other contributory causes of importance:

131a

Name of operation — Date of
What test confirmed diagnosis? — 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) John A. Mihalevich, M. D.
(Address) Crocker, Mo.