

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.

23 1929

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40338

1. PLACE OF DEATH

County Henry  
Township Windsor  
City Windsor

District No. 14  
Registration District No. 4211

File No. \_\_\_\_\_  
Registered No. 775  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ruth Carl Anderson

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED Married  
HUSBAND OF (OR) WIFE OF Mr Rabon Anderson

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 .. 9 .. 3 ..

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mc Kenster Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER William Denny

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Malinda Boyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas  
(STATE OR COUNTRY)

14. INFORMANT Rabon Anderson  
(Address) Windsor Mo.

15. FILED DEC 26 1928 J. J. Jensen  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 7 1928 to Dec 22 1928 and that I last saw him alive on Dec 23 1928 and that death occurred, on the date stated above, at 9:45 AM

THE CAUSE OF DEATH WAS AS FOLLOWS:

Spontaneous and Influenza

1060 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. J. Jensen, M. D.  
6.19.28 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fun Pils. DATE OF BURIAL Dec 23 1928

20. UNDERTAKER C. A. Roof ADDRESS Windsor Mo.

