

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

Do not use this space.

8463

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township Clinton Primary Registration District No. 3018 Registered No. 4
 City Clinton (No. _____) St. _____ (Ward _____)

2. FULL NAME Homer Edward Anders

(a) Residence No. East Grandview Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 2 ds. 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 Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-7-1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clinton
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER H. J. Anders

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

12. MAIDEN NAME OF MOTHER Miss Nell Sperry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henty Co.
 (STATE OR COUNTRY) Missouri

14. INFORMANT H. J. Anders
 (Address) 820 E. Grandview

15. FILED 3/10, 1930 Dr. E. C. Peelor
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1930, to Mar 9, 1930 that I last saw him alive on Mar 8, 1930 and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post Spheric Poisoning

10 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 10 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Place of Death
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

0 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) J. R. Huppston M. D.
 , 1930 (Address) Clinton mo

*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 Englewood Cem DATE OF BURIAL 3-10 1930

20. UNDERTAKER Sims-Kilkinson ADDRESS Clinton

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.

MAR 25 1930

