

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

Do not use this space.

12412

**1. PLACE OF DEATH**

County Hennepin Registration District No. 358  
 Township Big Lake Primary Registration District No. 5503  
 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harold Eddy 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 8 yrs. 8 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 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) July 31 1929  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 20

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Blairtown  
 (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER W A Anderson  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Calhoun  
 (STATE OR COUNTRY) Mo  
 12. MAIDEN NAME OF MOTHER Ollie Welch  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blithouse  
 (STATE OR COUNTRY) (Iowa) Ia

14. INFORMANT W A Anderson  
 (Address) Blairtown Mo

15. FILED 4/23 1930 E. G. Hibler  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 20 1930

17. I HEREBY CERTIFY That I attended deceased from Apr 20 1930 to Apr 20 1930 that I last saw him alive on Apr 20 1930, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Bronchitis  
106A  
990  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. Beatty, M. D.

Apr 24 1930 (Address) Calhoun 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 DATE OF BURIAL

Calhoun Cemetery April 21 1930

20. UNDERTAKER ADDRESS

J. A. Hauser Calhoun Mo

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.

6-1930

