

18

OCT 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Harrison Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No.) St. Ward) (If nonresident, give city or town and State)

File No. 32611

Registered No. 40

2. FULL NAME Deibert Eugene Anders

(a) Residence, No. 319 N. 1st St St. Ward.

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26-1931</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
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 <u>None</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>		
13. NAME <u>Everett Anders</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>		
15. MAIDEN NAME <u>Collins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lourey City Mo.</u>		
17. INFORMANT <u>Mr. Everett Anders</u> (ADDRESS) <u>Clinton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>9-28</u> 19 <u>34</u>		
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Clinton Mo.</u>		
20. FILED <u>28</u> 19 <u>34</u> <u>J. R. Hampton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/5 1931, to 9/27 1934
I last saw him alive on 9/27 1934 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Pertussis
Influenza
Diphtheria
Calveshad Pneumonia
Other contributory causes of importance:
None

Name of operation None Date of 9/27/34

110B
107A

8? 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 None
(Signed) Ed. G. Peltor M. D.
(Address) Clinton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

