

MAR 20 1936

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

Do not use this space.

5584

1. PLACE OF DEATH

County Henry
Township
City Windsor (No. _____)Registration District No. 14
Primary Registration District No. 4211File No. _____
Registered No. 5
St. _____ Ward _____2. FULL NAME Labon Anderson(a) Residence, No. 208 East Colt 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. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Darnell Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1854</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>8</u>	DAY <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Minister</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

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Illinois</u>
13. NAME <u>George Anderson</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
15. MAIDEN NAME <u>unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

17. INFORMANT (ADDRESS) <u>Mrs. Labon Anderson Windsor, Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Ridge, Mo.</u> DATE <u>Feb. 16, 1936</u>
19. UNDERTAKER (ADDRESS) <u>Huston-Turner Windsor, Missouri</u>
20. FILED <u>Feb 14 1936</u> _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 193622. I HEREBY CERTIFY that I attended deceased from Jan 30 1936 to Feb 13 1936
I last saw deceased alive on Feb 13 1936 Death is said to have occurred on the date stated above, at 11:30 A. M.
The principal cause of death and related causes of importance were as follows:

Labon Pneumonia 2-10-36
Date of onset

Other contributory causes of importance:
Fracture of hip 1-30-36
Chronic cystitis for 2 or 3 years 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was this an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Jan 30, 1936
Where did injury occur? Windsor Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury fractured left hip
Name of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. D. Henderson M. D.
(Address) Windsor 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.

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