

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

Do not use this space.

16140

MAY 25 1934

1. PLACE OF DEATH
 County Cole Registration District No. 211 File No. _____
 Township Marion Primary Registration District No. 5291 Registered No. 6
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Ralph Anderson
 (a) Residence, No. Centertown, R.T.D. St. Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1934

7. AGE YEARS MONTHS DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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.

12. BIRTHPLACE (CITY OR TOWN) Cole County (STATE OR COUNTRY) Missouri

13. NAME John Edward Anderson

14. BIRTHPLACE (CITY OR TOWN) Cole County (STATE OR COUNTRY)

15. MAIDEN NAME Grace Mary Polie

16. BIRTHPLACE (CITY OR TOWN) Moniteau County (STATE OR COUNTRY) Missouri

17. INFORMANT John Edward Anderson (ADDRESS) Centertown

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Hope DATE 5/2 1934

19. UNDERTAKER Williams & Friedman (ADDRESS) California Mo

20. FILED May 2, 1934 H. T. Beach, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 2nd - 1934

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Improper inflation of lungs
aspiration from lack of oxygen
 Date of onset 6/11/34

Other contributory causes of importance: Natural
Baby had not been well since birth would have been while nursing

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

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? No
 If so, specify _____

(Signed) D. P. E. Weaver Coleton
 (Address) Russellville 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.

