

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

Do not use this space.

OCT 21 1937

34778

1. PLACE OF DEATH

County Miller Registration District No. 561
 Township Eldon Primary Registration District No. 4330
 City Eldon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Charles E. Anderson
 (a) Residence, No. Eldon Hospital 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word), Married
 5A. IF MARRIED, WHO WED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ester F. Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1897
 7. AGE YEARS 66 MONTHS 1 DAYS 28 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. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne Indiana

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT C. Brown (ADDRESS) High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point DATE Sep. 28 37

19. UNDERTAKER Eldon Funeral Home (ADDRESS) Eldon Mo.

20. FILED Sept. 28 1937 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1937 to 9-26, 1937
 I last saw h. in alive on 9-26, 1937. Death is said to have occurred on the date stated above, at 8 A. m.

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

Uremia
Chronic Interstitial Nephritis
 ?
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) E. C. Shelton, M. D.
 (Address) Eldon 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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