

1. PLACE OF DEATH

County MitchellVot. Pct. N. Boggs

Inc. Town _____

City _____

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1093
Primary Registration District No. 6834

File No. _____

Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME James Henry Anderson IF VETERAN, WHAT WAR? _____(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 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 white 5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Oct 8 18637. AGE Years 75 Months 3 Days 9 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ny.13. NAME Dorit Thomas

14. BIRTHPLACE _____

15. MAIDEN NAME _____

16. BIRTHPLACE _____

17. INFORMANT Ellen Lee
(Address) Greenville, Ky. R.F. 118. BURIAL, CREMATION, OR REMOVAL
Place Graves R. 34 Date Jan 18, 193819. UNDERTAKER Parker & Gary
(Address) Greenville, Ky.20. FILED 1-26-38 R. L. Coulter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 17, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 17, 1938.
I last saw him alive on Jan 16, 1938, death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:Endocarditis Date of onset _____

Contributory causes of importance not related to principal cause: _____

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 _____
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 _____

(Signed) L. G. Ursabity, M. D.(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.