

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

 PLACE OF DEATH
 County Muhlenberg
 Vol. No. # 4
 Inc. Town Central City
 City (No. St., Ward)

 Registration District No. 870
 Primary Registration District No. 2435

 File No.
 Registered No. 20700

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

 FULL NAME W. G. Anderson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	10. DATE OF DEATH <u>Sept. 1</u> 191 <u>7</u> (Month) (Day) (Year)	
6. DATE OF BIRTH <u>Oct 1, 1895</u> (Month) (Day) (Year)			17. I HEREBY CERTIFY, That I attended deceased from <u>July 17</u> , 191 <u>7</u> , to <u>Sept 7</u> , 191 <u>7</u> , that I last saw him alive on <u>Sept 7</u> , 191 <u>7</u> , and that death occurred on the date stated above at <u>Central City, Mo.</u> The CAUSE OF DEATH was as follows: <u>Chronic Nephritis</u>	
7. AGE <u>21</u> yrs. <u>10</u> mos. <u>1</u> ds.	IF LESS than 1 day ... hrs. or ... min.?		(Duration) <u>1</u> yrs. ... mos. ... ds.	
8. OCCUPATION (a) Trade, profession, or particular kind of work... <u>Engineer</u> (b) General nature of industry, business or establishment in which employed (or employer)			Contributory <u>Organic Mitral Stenosis</u> (Secondary) (Duration) ... yrs. ... mos. ... ds.	
9. BIRTHPLACE (State or country) <u>Muhlenberg</u>			(Signed) <u>J. O. Walter</u> M. D. <u>Oct 10</u> , 191 <u>7</u> . (Address) <u>Central City, Mo.</u>	
PARENTS	10. NAME OF FATHER <u>William Anderson</u>	(Duration) ... yrs. ... mos. ... ds.		
	11. BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg, Mo.</u>	(Signed) <u>J. O. Walter</u> M. D. <u>Oct 10</u> , 191 <u>7</u> . (Address) <u>Central City, Mo.</u>		
	12. MAIDEN NAME OF MOTHER <u>Helen Carter</u>	18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death?		
13. BIRTHPLACE OF MOTHER (State or country) <u>Mo.</u>			Former or usual residence	
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. G. Caste</u> (Address) <u>Central City, Mo.</u>				
15. Filed <u>Oct 9</u> , 191 <u>7</u> <u>A. L. Blandford</u> REGISTRAR			19. PLACE OF BURIAL OR REMOVAL <u>Union Mount</u> 20. UNDERTAKER <u>Martin Moore</u>	
			DATE OF BURIAL <u>Sept. 2</u> , 191 <u>7</u> ADDRESS <u>Central City</u>	