

*Anderson, Shirley Thomas 1871 - 1931*

**Cynthiana Democrat – March 21, 1931**

ANDERSON—Shirley Thomas Anderson, 60 years old, died at 12:55 o'clock Wednesday morning, March 11, 1931, at his home at Leesburg, after an illness of one year. The funeral will be held at 2:00 o'clock tomorrow afternoon at the Leesburg Christian church, of which he was a member, with services by the pastor, the Rev. Cleo Purvis. Burial in Jacksonville cemetery. Pall bearers, James Conner, Dr. H. C. Blount, Earl May, Art Kendall, Joe Brock and J. R. Rogers. Mr. Anderson was born in this county January 18, 1871, a son of the late W. W. and Bettie Berry Anderson. He was married to Miss Pearl Mullen February 8, 1900, who survives with two daughters and two sons, Mrs. Allen Monson, Cynthiana; Miss Madge Anderson, W. Anderson and Roy Anderson. One sister and two brothers also survive, Mrs. John Wesley Craig, Mt. Vernon road; W. B. Anderson, Oxford, and J. L. Anderson, Leesburg.



Anderson, Shirley Thomas 1871 - 1931

Form V. S. 1-A-57m-11-1-29

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6738

1 PLACE OF DEATH  
County Harrison  
Vet. Pot. Lusburg  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Shirley Thomas Anderson  
(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) Married  
6a. If married, widowed, or divorced HUSBAND of Pearl Mullins Anderson (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) Jan 18/1871  
7. AGE Years 60 Months 1 Days 23 If LESS than 1 day \_\_\_\_ hrs. \_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Kentucky (State or country) \_\_\_\_\_  
13. NAME H. H. Anderson  
14. BIRTHPLACE (city or town) Kentucky (State or country) \_\_\_\_\_  
15. MAIDEN NAME Gettie Berry  
16. BIRTHPLACE (city or town) Kentucky (State or country) \_\_\_\_\_  
17. INFORMANT William Anderson (Address) Cynthiana Ky #1  
18. BURIAL, CREMATION, OR REMOVAL Place Personville Date March 12, 1931  
19. UNDERTAKER Smith & Reed Co. (Address) Cynthiana Ky  
20. FILED J. H. C. Blount Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11, 1931  
22. I HEREBY CERTIFY, That I attended deceased from 1925 to March 10, 1931  
I last saw h alive on March 10, 1931 death is said to have occurred on the date stated above, at h o'clock a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Premia Arterio Date of onset 1929  
72  
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 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) H. H. Blount M. D.  
(Address) Cynthiana Ky #1

NEVER WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.