MAR 16 1928

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

Do not use this space.

4117

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 215

City St. Joseph, (No. 811 South 11 Street St. Ward)

2. FULL NAME Dora Clara Anderson

(a) Residence. No. 811 South 11 Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1858.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	5	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Household

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Galesburg, (STATE OR COUNTRY) ILLinois.

PARENTS

10. NAME OF FATHER William Hitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) ILLinois.

12. MAIDEN NAME OF MOTHER Julia Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT Albert Anderson (Address) 811 South 11 Street

15. FILED FEB 20 1928, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 19 1928.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1928, to Feb. 19 1928 that I last saw her alive on Feb. 18, 1928, and that death occurred, on the date stated above, at 11/12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

8 2A 38 (duration) yrs. mos. 21 hrs

CONTRIBUTORY (SECONDARY) Sires

(duration) 45 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. D. Webb M. D

Febr 20 1928 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Mora Cemetery — DATE OF BURIAL Febr. 21 1928.

20. UNDERTAKER H. O. Sidenfaden — ADDRESS 1802 Union Str.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.