N 4 1928

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

Do not use this space.

14440

1. PLACE OF DEATH
County Putnam Registration District No. 722
Township Richland Primary Registration District No. 3953
City (No. St. Ward)
File No.
Registered No. 4

2. FULL NAME Nellie Fern Anders.
(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 foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.
5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: C. E. Anders.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1905 - 7 - 11
7. AGE: Years 22 | Months 9 | Days 7 | If LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: J. M. Marsden.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Eva Duckworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Eva Marsden
(Address): Unionville Mo RFD 4
15. FILED: May 10, 1928 W M Hall, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 18 1928
17. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1928, to Apr. 18, 1928, that I last saw h.er alive on Apr. 18, 1928, and that death occurred, on the date stated above, at 10:30 P. m.
THE CAUSE-OF-DEATH* WAS AS FOLLOWS:
Puerperal Eclampsia
Final Convulsions
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) 148
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Neal Marsden, M. D
, 19 (Address) Lancaster 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: Thompson Cem. — DATE OF BURIAL: Apr. 19 1928
20. UNDERTAKER: J. D. Husted & Son — ADDRESS: Unionville

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