NOV 21 1928

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

Do not use this space.

3.5213

File No.

Registered No. 56

1. PLACE OF DEATH

County Dunklin — Registration District No. 289

Township — Primary Registration District No. 4173

City Malden (No. ..... St. ..... Ward)

2. FULL NAME Maud Lattie 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: C. O. Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 29, 1890

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	11	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Mississippi Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Wm Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Miss. Co.
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Martha Clemons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): North Cayalina

14. INFORMANT: C. O. Anderson
(Address): Malden, Mo.

15. FILED 10/10, 1928 — S. E. Mitchell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Oct 10, 1928, that I last saw h.e.r. alive on Oct 1st, 1928, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Auto Intoxication

(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) S. E. Mitchell, M. D

10/11, 1928 (Address) Malden 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: Malden, Mo.

DATE OF BURIAL: 10-11 1928

20. UNDERTAKER: W. L. Craig

ADDRESS: Malden Mo

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.

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E.M.