

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

Do not use this space.

39113

**1. PLACE OF DEATH**

County Levy  
Township Longwood  
City Neckersville

Registration District No. 63  
Primary Registration District No. 6470

File No. 86  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 28 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
23 6 7

**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) Marion Ark.  
(STATE OR COUNTRY)

10. NAME OF FATHER Willie Harris

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

12. MAIDEN NAME OF MOTHER Judy Williams

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

14. INFORMANT Willie Harris  
(Address) 1300 1/2 Rd #1 Route

15. 12/10/28 Miss Register

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Peritonitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Operation  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Coroner

(Signed) H. W. Welch Seal M.D.

, 19\_\_\_\_ (Address) Sikeston 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 DATE OF BURIAL

Carpenter 11/14 1928

20. UNDERTAKER ADDRESS H. W. Welch Sikeston 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.



Please state the  
cause for the re-  
lief the operation  
was performed

I do not know  
Respectfully  
Edw. M. O

S-39113

1928

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Scott  
Township Sandy Woods  
City Emma (No. Anderson)

Registration District No. 813-  
Primary Registration District No. 6064

Folio No. 86  
Registered No. 13  
St.        Ward       

**2. FULL NAME**

Emma Anderson

(a) Residence. No.        St.        Ward         
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 28-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 6 1 3

**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) More  
(STATE OR COUNTRY) W. Va.

10. NAME OF FATHER Willie Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss  
(STATE OR COUNTRY) W. Va.

12. MAIDEN NAME OF MOTHER William

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

14. INFORMANT Willie Harris  
(Address) 1304 1/2 St. #104

15. FILED 1-14 19 23 E. J. Williams  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 19 28

17. I HEREBY CERTIFY, That I attended deceased from        19 28 to        19 28  
that I last saw him alive on        19 28, and that death occurred, on the date stated above, at 5:00 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Peritonitis  
(duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Operation - Don't know  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 126  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF       

WAS THERE AN AUTOPSY?       

WHAT TEST CONFIRMED DIAGNOSIS? Coroner

(Signed) H. J. Welsh Scot. Co.  
19 (Address) Shelton 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        DATE OF BURIAL 11/14 19 28

20. UNDERTAKER        ADDRESS       

H. J. Welsh Shelton Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-39113