JAN 22 1929

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

Do not use this space.

39933

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: Liberty (No. ..... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 3012

File No. .....
Registered No. 132

2. FULL NAME: Mrs. Alice A. Anderson
(a) Residence. No. ..... Lathrop, Mo. 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. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: wife of Matthew M. Anderson

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

7. AGE: Years 71 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

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): Plattsburg
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Emil M. Biggerstaff
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Martina Biggerstaff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ky

14. INFORMANT: S. H. Biggerstaff
(Address): Liberty, Mo.

15. FILED 1/29/19 29 W. H. Gordon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 27 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to ....., 19..., that I last saw h. alive on Dec 27, 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
11A
107
(duration) ..... yrs. ..... mos. 12 ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 12 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) W. H. Gordson, M. D.
1/28, 1928 (Address) Liberty 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: Lathrop, Mo
DATE OF BURIAL: 12/29/1928

20. UNDERTAKER: Church-Gaines Co.
ADDRESS: Liberty, 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.

WRITE PLAINLY, WITH INK, PRESSING HARD ON THE PAPER.