

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

Do not use this space.

14116

PLACE OF BIRTH

County Cass

Registration District No. 156

Township Franklin

Primary Registration District No. 4090

City Harrisonville (No.)

File No.

Registered No. 20

St. Ward

2. FULL NAME

(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 20 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 10 29

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)

(STATE OR COUNTRY) Michigan
10. NAME OF FATHER Nathaniel Cottle

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT L. P. Anderson
(Address) Freeman Mo R#2

15. FILED 4/14 29 A. S. Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/12 19 29

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1929, to April 12, 1929
that I last saw her alive on April 12, 1929, and that death occurred, on the date stated above, at 8:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
CONTRIBUTORY (SECONDARY) 740
(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) J. H. Scott M. D.

, 19 (Address) Harrisonville, 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

Freeman Mo 4/14 19 29

20. UNDERTAKER ADDRESS

Kennemurges Bros & Co Harrisonville

Dr. Scott

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.

24 1929

235

22222

2

