

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

Do not use this space.

24303

1. PLACE OF DEATH

County Centry
Township Athena
City (No.)

Registration District No. 309
Primary Registration District No. 0727

File No.
Registered No. 38
St. Ward

2. FULL NAME

Lucille Anderson

(a) Residence. No. St. Ward
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oct 1 - 1911

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1, 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>	<u>10</u>	<u>21</u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Albany
(STATE OR COUNTRY) Centry County Mo

10. NAME OF FATHER John H. Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) near Albany
(STATE OR COUNTRY) Centry County Mo

12. MAIDEN NAME OF MOTHER Bertha E. Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) near Albany
(STATE OR COUNTRY) Centry County Mo

14. INFORMANT John H. Anderson
(Address) Albany Mo

15. July 24, 1929 W.T. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from 1929 to 1929
that I last saw alive on July 21 1929, and that death occurred, on the date stated above, at 3 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Drowning
in swimming in grand river
and stepped into deep hole.
CONTRIBUTORY could not swim.
(SECONDARY)

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.T. Martin M. D.

July 24, 1929 (Address) Albany 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 Grand View Cemetery DATE OF BURIAL July 21, 1929

20. UNDERTAKER D.R. Shookley

ADDRESS Albany 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.

RECORD

38

164

