

24 1929 38

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

Do not use this space.

24304

1. PLACE OF DEATH

County Gentry
Towship Archer
City Archer (Name)

Registration District No. 309
Primary Registration District No. 5427

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME

Edith Marie 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
17 4 25 - 0 0

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) Albany
(STATE OR COUNTRY) Gentry County Mo

10. NAME OF FATHER James H Anderson

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

12. MAIDEN NAME OF MOTHER Gertrude Evans

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

14. INFORMANT James 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 _____, 19____ to _____, 19____
that I last saw her alive on July 21, 1929, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Drowning
in Grand River
In bathing, stepped into deep hole and could not swim

CONTRIBUTORY (SECONDARY) 182
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED? 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 DATE OF BURIAL

Grand View Cemetery July 23, 1929

20. UNDERTAKER ADDRESS

DR Skockley 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.

PERMANENT RECORD

