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10/26

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

Do not use this space. 36143

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No.
Township Breton — Primary Registration District No. 6179 — Registered No. 72
City (No. St. Ward)

2. FULL NAME Myrtle May 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 F.
4. COLOR OR RACE W.
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) 6-26-1927
7. AGE Years 2 Months 3 Days 15 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) This Co.

PARENTS
10. NAME OF FATHER Harry Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Lizzie Richard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) This Co.

14. INFORMANT Harry Anderson
(Address) Mineral Point, Mo.
15. FILED 10/11, 1929 Jos. L. Thurman REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 1929
17. I HEREBY CERTIFY, That I attended deceased from 9-2, 1929, to 10-11, 1929 that I last saw her alive on Oct. 7, 1929, and that death occurred, on the date stated above, at 12:P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic gastro-enteritis — 120B
1148
(duration) yrs. 4 mos. — ds.
CONTRIBUTORY (SECONDARY) Improper food —
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jos. L. Thurman, M. D.
10/11, 1929 (Address) Potosi, 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 Potosi, Mo. — DATE OF BURIAL 10/12 1929
20. UNDERTAKER Boyer & Son — ADDRESS Potosi 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.

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