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

FEB 18 1930

Do not use this space.

744

1. PLACE OF DEATH
County Gentry Registration District No. 310
Township Cooper Primary Registration District No. 5-4290
City Albany (No. ..... St. ..... Ward)

File No. .....
Registered No. 60

2. FULL NAME Mary F. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	0	15	

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) Iowa

PARENTS

10. NAME OF FATHER William Lock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Elizabeth Grimsley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina

14. INFORMANT C. W. Groom
(Address) Darlington

15. FILED ..... 19..... Mattie Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/27 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1930 to Jan 27 1930 that I last saw h. alive on Jan 27 1930 and that death occurred, on the date stated above, at 7.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
506
95B
(duration) ..... yrs. 6 hr mos. ..... ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 506
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. M. Barger, M. D.
1/27 1930 (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
Kingman Kan.	Jan 28 1930
20. UNDERTAKER A. J. Barr	ADDRESS Albany

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.