FEB 20 1930

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

Do not use this space.

6081

1. PLACE OF DEATH
County Ray
Township
City Hardin (No. , St. Ward)
Registration District No. 47.40
Primary Registration District No. 4442
File No.
Registered No. 4

2. FULL NAME Nora Sultana Anderson
(a) Residence. No. 2 Years 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26 - 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
20	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) House Keeper
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Robert Bales
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co Mo
12. MAIDEN NAME OF MOTHER Anna Manley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Jerry Bales
(Address) Hardin Mo

15. FILED Feb 10 1930 Jno W. Knipschild REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1930, to Feb 5, 1930, that I last saw her alive on Feb 4, 1930, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phthisis Pulmonis
2.3 A
31
(duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Marvin Grimm, M. D.
, 19 (Address) Hardin, 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: Pennisten Cem
DATE OF BURIAL: Feb - 6 1930

20. UNDERTAKER: Jno W. Knipschild
ADDRESS: Hardin 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.