

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.

JUN 24 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15253

1. PLACE OF DEATH

County Barry
 Township Flat Creek
 City Cassville (No.)

Registration District No. 29
 Primary Registration District No. 4021

File No.
 Registered No. 26
 St. Ward

2. FULL NAME

Margaret L. 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

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)

2-2-1914

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

16

2

0

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cassville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Chas Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Barry Co Mo

12. MAIDEN NAME OF MOTHER

Paul Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Barry Co Mo

14.

INFORMANT Chas Anderson
 (Address) Cassville Mo

15.

FILED June 1, 1930 Mrs. H. R. Williams
 REGISTRAR Ppt.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 193017. I HEREBY CERTIFY, That I attended deceased from 2/10 1922, to 5/2 1930

that I last saw him alive on 5/2 1930, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

pulmonary tuberculosis

23A (duration) 8 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) J. P. Sherman, M. D.

, 19 (Address) Cassville, 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

Oak Hill 2/3 1930

20. UNDERTAKER

ADDRESS

Thorne Funeral Home Cassville

