

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

Do not use this space.

**19518**

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City K. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
(No. Vineyard Park Hospital)

File No. 2718  
Registered No. 2718  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carrie Rozelia Anderson

(a) Residence. No. Cameron, Mo. 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar-26-1876</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>2</u>
	DAY <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (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) Missouri

10. NAME OF FATHER Wm A. Snow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Ann Shaughey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Nettie Peterson  
(Address) 817 D. Audley

15. FILED 6/17 1930 M. M. Cowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1930  
17. I HEREBY CERTIFY, That I attended deceased from Feb 13 1930 to Feb 15 1930 that I last saw him alive on Feb 15 1930, and that death occurred, on the date stated above, at 10:30 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Intestinal obstruction  
4 1/2  
12 1/2  
12 2/3 (duration) yrs. mos. 12 ds.  
CONTRIBUTORY Circumference small  
(SECONDARY) intestines & gallstones  
(duration) yrs. 6 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF Feb 13 - 30  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) J. H. Shelton, M. D.  
Feb 17 1930 (Address) Box corner Bldg  
\*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 Cameron, Mo. DATE OF BURIAL 6-19 1930

20. UNDERTAKER W. H. Blackman ADDRESS City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1942

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