

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

Do not use this space.

40176

1. PLACE OF DEATH

County Montgomery Registration District No. 594
Township Lott Primary Registration District No. 4352
City Rhineclaud St. _____ Ward _____

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(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 Infant
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 1928

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer _____

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

10. NAME OF FATHER Wm Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rhineclaud
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ella Shumaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Missouri

14. INFORMANT Archie Anderson
(Address) Rhineclaud Mo

15. FILED 12-16-1930 O.P. Ramekelbach
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 15, 1930, that I last saw her alive on Dec 15, 1930, and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Meningitis
777

CONTRIBUTORY (SECONDARY)

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?

(Signed) R.B. Nichols M.D.

12-16, 1930 (Address) Rhineclaud 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

Meyers Cemetery 12-17 1930

20. UNDERTAKER ADDRESS

Bart Baker Americus 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.

2-10-19

100-100000

100-100000

100-100000

100-100000

100-100000

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Montgomery Registration District No. 394 File No. _____
Township Chineland Primary Registration District No. 4352 Registered No. 21
City Chineland (No. _____) St. _____ Ward _____

2. FULL NAME

Lottie Laura 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 - 1928

7. AGE YEARS 4 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Montgomery Co Mo

10. NAME OF FATHER

Wm Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Montgomery Co Mo

12. MAIDEN NAME OF MOTHER

Edith Schirmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) New Haven Mo

14.

INFORMANT Abbie Anderson
(Address) Rhineland Mo

15.

FILED 12/16 1930 J.R. Ranschallbach
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930

17. I HEREBY CERTIFY That I attended deceased from _____
Dec 11 1930 to Dec 15 1930, and that
that I last saw the deceased alive on Dec 15 1930, and that
death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral meningitis

CONTRIBUTORY (SECONDARY)

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) C. B. Nichols, M. D.

12-16 1930 (Address) Rhineland 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

Meyer's Cemetery 12-17 1930

20. UNDERTAKER

ADDRESS

Barton Baker Americus Mo

N. B.—Every item of information should be carefully collected. AGE should be stated in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

94107-5