

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.

WHITE PAPER, WITH OUTFOLDING MARGINS, IS A PERMANENT RECORD

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Bunklin
Township Holcomb
City (No.)

Registration District No. 284
Primary Registration District No. 5404

File No. 771
Registered No. St. Ward

2. FULL NAME

Susan Rhoda 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 9 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) 2

10. NAME OF FATHER Freeman Moore

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

12. MAIDEN NAME OF MOTHER Mollie Gamble

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky. (STATE OR COUNTRY)

14. INFORMANT J A Anderson (Address) Holcomb mo

15. FILED Jan 4 1931 J A Anderson REGISTRAR

✓ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-4 1931

17. I HEREBY CERTIFY That I attended deceased from 12-29 to 1-4 1931 that I last saw her alive on 1-4 1931 and that death occurred, on the date stated above, at 12-45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia 107A
Broncho-pneumonia 11A
(duration) yrs. mos. ds. 7 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRAICTED Home IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. Smith M. D. 1931 (Address) Holcomb 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 Stanfield Cem DATE OF BURIAL Jan 5 1931

20. UNDERTAKER E W Landess ADDRESS Campbell

mo

