

APR 25 1931

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

Do not use this space.

11116

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township Louisiana

Primary Registration District No. 25913

City Louisiana

(No. Bryan Scholists)

St. 33

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. Bryan Scholists 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Abraham Anderson

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

12-25-?

7. AGE

YEARS

MONTHS

DAYS

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

?

?

?

?

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife 245

(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)

Pike Co Mo

PARENTS

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Emma Grimmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co Mo

14.

INFORMANT

(Address)

Abraham Anderson RFD Louisiana Mo

15.

FILED

3/11 1931 J. H. H. Jr

REGISTRAR

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

3-16 1931

17.

I HEREBY CERTIFY, That I attended deceased from

3-12, 1931, to 3-16, 1931.

that I last saw her alive on 3-16, 1931, and that

death occurred, on the date stated above, at 3:30 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Apoplexy

82A 11B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Home

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed) MO 03-996, M. D.

3/17, 1931 (Address) Louisiana 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

Revere Louisiana Mo 3/18 31

20. UNDERTAKER

ADDRESS

J. H. H. Jr Louisiana Mo

