

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

Do not use this space.

20758

1. PLACE OF DEATH

County Camden
Township Osage
City Osage (No.)

Registration District No. 117
Primary Registration District No. 3167

File No. 13
Registered No.
St. Ward)

2. FULL NAME

Sarah Luminda Anderson
(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Salem, Mo

10. NAME OF FATHER Wm S. Gresham

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

12. MAIDEN NAME OF MOTHER Sarah Millstead

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

14. INFORMANT Chas Anderson
(Address) Montreal, Mo

15. FILED July 10 1931 Lizzie Spiller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/21 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-1- 1931, to 6-21 1931, that I last saw him alive on 1-8-30 1931, and that death occurred, on the date stated above, at 12:25 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia
87B
(duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) none

(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? Physician's Signatures

(Signed) E. G. Claiborne M. D.

(Address) Deanburgville

*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

Camp Ground DATE OF BURIAL 6/22 1931

20. UNDERTAKER

W. E. Halman ADDRESS Camden, 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.

JUL 23 1931

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

