

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 28 1931

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

Do not use this space.

1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Pedalia

Primary Registration District No.

3032

City

(No.

602

E Bonville

St.

Ward)

2. FULL NAME

Lusia 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

F

4. COLOR OR RACE

W

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

married

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

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

May 28-1869

7. AGE

YEARS

62

MONTHS

*

DAYS

23

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Longwood Mo

MOTHER FATHER

13. NAME

Rector Hieronymus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

15. MAIDEN NAME

Mary P Kemp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Va

17. INFORMANT (ADDRESS)

E E Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mo 2nd Chapt

DATE

June 23 1931

19. UNDERTAKER (ADDRESS)

J. J. Lowe

20. FILED

6-22-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 21, 1931

22. I HEREBY CERTIFY That I attended deceased from

1931, to June 21, 1931

I last saw him alive on June 21, 1931. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Bladder 1931

Other contributory causes of importance:

South

Name of operation

none

Date of

What test confirmed diagnosis? Urinal Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. J. Lowe
Pedalia Mo

, M. D.

