

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.

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

Do not use this space.

1. PLACE OF DEATH

County PulaskiRegistration District No. 712Township LibertyPrimary Registration District No. 5941City Liberty

(No. _____)

St. _____

Ward _____

2. FULL NAME

Cecilia Sonnichsen Andersen

(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 HUSBAND OF (OR) WIFE OF

Peter Andersen

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

Oct. 21st 1874

7. AGE

YEARS

MONTHS

DAYS

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

56828

OCCUPATION

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

Housewife

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

Housewife

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

Jan 1930

11. Total time (years) spent in this occupation

24

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

Germany

FATHER

13. NAME

Atley Sonnichsen

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

Germany

MOTHER

15. MAIDEN NAME

Len Brandt

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

Germany

17. INFORMANT (ADDRESS)

Peter Andersen Wapnashville, R.R. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Ch.

DATE

7/20

1931

19. UNDERTAKER (ADDRESS)

Frank Christensen Wapnashville, Tenn

20. FILED

7. 19 - 1931Everett A. Oliver,

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 19th 1931

22. I HEREBY CERTIFY That I attended deceased from

April 1931 to July 1931I last saw him alive on April 1931 Death is saidto have occurred on the date stated above, at 5 A. M.

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

Pulmonary T.B.Date of onset 192923AOther contributory causes of importance: 2

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide? ✓ Date of injury ✓ 19Where 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)

E. G. T. Albert Wapnashville, Tenn

