

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 28 1932

41229 a

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

Do not use this space.

41927-a

1. PLACE OF DEATH

County Reynolds
Township Jackson
City Lawrence

Registration District No. 746
Primary Registration District No. 5981

File No.
Registered No.
St. Ward)

2. FULL NAME

Ina E. Anderson

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 60 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27 1848</u>		
7. AGE <u>83</u> YEARS	MONTHS <u>5</u>	DAYS <u>18</u>
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Harming</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 14 1932 to Jan 15 1932
I last saw him alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of bladder
Date of onset 5/13

Other contributory causes of importance:
5/13

Name of operation None Date of

What test confirmed diagnosis?

Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawfordsville Mo.</u>
FATHER
13. NAME <u>Larkin Anderson</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steubille Mo.</u>
MOTHER
15. MAIDEN NAME <u>Kissiah Hicks</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
17. INFORMANT <u>Jane Anderson</u> (ADDRESS) <u>Lawrence Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dick Cemetery Dec 15 1932</u>
19. UNDERTAKER <u>none</u> (ADDRESS)
20. FILED <u>July 16 1932 Dug Bowles</u> Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Date of injury, 19.....

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) J. P. Hall, M. D.
(Address) Ellington Mo.

