

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

Do not use this space.

2120

1. PLACE OF DEATH

County Randolph
Township Sugar Creek
City Dazarine (No. Anderson)

Registration District No. 935
Primary Registration District No. 5970

File No. 2120
Registered No. 250
St. Dazarine Ward Anderson

2. FULL NAME

(a) Residence. No. Dazarine Anderson St. Anderson 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

L. S. Anderson

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

Apr 11 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

9

0

8. OCCUPATION OF DECEASED

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

at home

(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)

Mo

10. NAME OF FATHER

Thomas Cross

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

14. INFORMANT

(Address)

L. S. Anderson

15. FILED

1/13, 1932

Thos. S. Fleming

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 11 - 1932

17.

I HEREBY CERTIFY That I attended deceased from Jan 4, 1932, to Jan 11, 1932, that I last saw him alive on Jan 11, 1932, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis

CONTRIBUTORY (SECONDARY)

arterio-sclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

(Address)

*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

Mobile Mo

Jan 13 - 1932

20. UNDERTAKER

ADDRESS

Mathew And Sen

Mobile 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.

FEV 25 1932

