

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

15635

Do not use this space.

1. PLACE OF DEATH.
 25 County Clinton Registration District No. 204
 1 Township _____ Primary Registration District No. 3013
 4 City Cameron (No. _____) St. _____ Ward _____
 2. FULL NAME Emma 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 Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.W. Anderson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 11 7
 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) Virginia 2
 10. NAME OF FATHER Mitchell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known 31
 12. MAIDEN NAME OF MOTHER Not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Clarence Anderson
 (Address) Cameron Mo
 15. FILED 5/1 1932 D. C. H. Reiley REGISTRAR
24

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1932
 17. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to July 23, 1932, that I last saw him alive on May 23, 1932, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
87 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. C. Bonneau M. D.
 (Address) Cameron Mo
May 24, 1932

*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
Graceland Cemetery May 25 1932
 20. UNDERTAKER ADDRESS
J. W. Poland Cameron

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Missouri State Board of Health
 Bureau of Vital Statistics
 St. Louis, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clinton
Township _____
City Camden (No. _____) St. _____ Ward _____

Registration District No. 204
Primary Registration District No. 2013

File No. _____
Registered No. 27

2. FULL NAME

Emma 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 7

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Clara Anderson (ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/12 1932 H. C. Riley Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on _____, 19____. 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:

Other contributory causes of importance: _____

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 _____, 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. B. Berman, M. D.
(Address) Camden Mo

PHYSICIANS SHOULD BE STATED EXACTLY. OCCUPATION IS VERY IMPORTANT. DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. ARS SHALL NOT RECEIVE A FEE FOR THIS SUPPLEMENTARY.

SUPPLEMENTARY

S-15635