

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

Do not use this space.

21664

1. PLACE OF DEATH

101 County Shannon
Township Emmuree
City (No.)

Registration District No. 824
Primary Registration District No. 6076

File No.
Registered No. St. Ward

2. FULL NAME Celia Anderson

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 14 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1887
7. AGE 44 YEARS 9 MONTHS 15 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME John Meyer

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

15. MAIDEN NAME Mary Schaffer

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

17. INFORMANT Jesse R. Anderson (ADDRESS) Map Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Map Mo DATE June 19 1932

19. UNDERTAKER (ADDRESS)

20. FILED 6-28- 1932 Frank H. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1932

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

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4 P. m.

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

Accidental discharge of shot from 44 calibre Stevens shot gun in shot penetrating occipital bone resulting in instantaneous death Date of onset 17-

Other contributory causes of importance: none

1911 8184

Name of operation Date of

What test confirmed diagnosis an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6/28 1932

Where did injury occur? near Map Mo

Shannon & Mo (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank H. Adams Registrar, M. D. (Address) Shannon & 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.

File 27 1887

