

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

Do not use this space.

28973

1. PLACE OF DEATH

9 County Greene Registration District No. 316
1 Township Boone Primary Registration District No. 4191
6 City Ash Grove (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 13

2. FULL NAME

Getta Amelia Anderson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Lester Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-11-1896</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>X</u>	DAYS <u>1</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>23.5</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>housekeeper 90</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>14</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co. 1 Missouri</u>		
FATHER	13. NAME <u>Joe M. Patterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Blanche Holman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Betty Davis, Ash Grove, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>9/13</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wagon Monie Herman, Ash Grove, Mo.</u>		
20. FILED <u>10/5</u> 19 <u>32</u> <u>Dr. Charles D. Orr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932, to Sept 12, 1932
I last saw her alive on Sept 12, 1932—Death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:
Myocardial insufficiency at 3 years of age probably caused by scarlet fever in 1899
Date of onset _____

Other contributory causes of importance:
miscarriage Sept. 12 1932

Name of operation none Date of _____
What test confirmed diagnosis? Unsect Was there an autopsy? no

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? no
If so, specify _____
(Signed) Th. K. Cowen, M. D.
(Address) Ash Grove Mo.

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.

OCT 25 1932

