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.

NOV 25 1932

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

Do not use this space.

33048

1. PLACE OF DEATH

74 County Wodaway — Registration District No. 622 — File No.

Township Hughes — Primary Registration District No. 5824 — Registered No. 12

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Elizabeth Anderson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12-1932

7. AGE — YEARS — MONTHS — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Nod. Co Mo

FATHER

13. NAME Earl M Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Co Mo

MOTHER

15. MAIDEN NAME Beryl F Dowling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nod Co Mo

17. INFORMANT (ADDRESS) Earl M Anderson Skidmore Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopkins Mo DATE Oct 17 1932

19. UNDERTAKER (ADDRESS) Price Fun Co Maryville

20. FILED Oct 17 1932 Mrs. E. J. Morgan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1932, to Oct 16, 1932

I last saw her alive on Oct 16, 1932 Death is said to have occurred on the date stated above, at 12 30 p. m.

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

Intracranial Hemorrhage
Some Thymic disturbance
160C
67
157D
160 C

Date of onset

Other contributory causes of importance:
Defective Bony formation
Skull

Name of operation — Date of

What test confirmed diagnosis? — 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) Richard B Bridgeman, M. D.

(Address) Hopkins Mo.