

JAN 9 1933

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

Do not use this space.

36709

1. PLACE OF DEATH

County PikeRegistration District No. 688Township PacoPrimary Registration District No. 5916

City

(No.)

St.

Ward)

2. FULL NAME Mary C. Anders

(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 35 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)

Philip Anders

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFPhilip Anders

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

Oct. 26 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

8410day, hrs.
or min.

OCCUPATION

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.

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)

Pike Co Mo

FATHER

13. NAME

Andrew Jackson Scott

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

North Carolina

MOTHER

15. MAIDEN NAME

Ann Cunningham

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

Missouri

17. INFORMANT (ADDRESS)

Virginia Brown
Frankford Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE BuffaloDATE Nov 27 1932

19. UNDERTAKER (ADDRESS)

P. P. Fields
Frankford Mo20. FILED Nov 27 1932Mattie Unsell
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 24 1932, to Nov. 26 1932I last saw him alive on Nov. 11 1932. Death is saidto have occurred on the date stated above, at 3:4 m.

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

Arteriosclerosis

Date of onset

57A 57 ①

Other contributory causes of importance:

8

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

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) W. H. Longgrass, M. D.(Address) Frankford Mo.

