

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

Do not use this space.

918

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township _____ Primary Registration District No. 2016
 City Washington Mo (No. _____) St. _____ Ward _____

2. FULL NAME

(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 <u>F.</u>	4. COLOR OR RACE <u>W</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>Ely Anderson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep. 25-1842</u>				
7. AGE YEARS <u>90</u>	MONTHS <u>4</u>	DAYS <u>✓</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>Homewise</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Jan 25/33</u> 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co Mo</u>				
FATHER	13. NAME <u>Ely Mc eddy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
17. INFORMANT <u>Orvil Sanders</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beautyview Co</u> DATE <u>Jan 27, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Washing ton Mo</u>				
20. FILED <u>Jan 25, 1933</u> <u>A. L. Maresch</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932 to Jan. 25, 1933

I last saw her alive on Jan. 24, 1933. Death is said to have occurred on the date stated above, at 9:49 a.m.

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

Other contributory causes of importance: No

Name of operation No Date of _____

What test confirmed diagnosis? No 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? No
 If so, specify _____

(Signed) J. D. Manjira, M. D.
 (Address) Washington 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.

