

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

Do not use this space.

1. PLACE OF DEATH

80 County PELTIS
Township LONGWOOD
City _____ (No. _____)

Registration District No. 668
Primary Registration District No. 5898

File No. 17418
Registered No. 127
St. _____ Ward _____

2. FULL NAME MARGARET JANE ANDERSON

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CHARLES ANDERSON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 1, 1884</u>		
7. AGE <u>78</u>	YEARS <u>11</u>	MONTHS <u>10</u>
		DAYS <u>10</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>HOUSE KEEPER</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>APRIL 1933</u>	
		11. Total time (years) spent in this occupation <u>LIFE</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>COOPER, CO MO</u>		
FATHER	13. NAME <u>FRANCIS WOOLERY</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DONT KNOW</u>	
MOTHER	15. MAIDEN NAME <u>DONT KNOW</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DONT KNOW</u>	
17. INFORMANT <u>W. J. Anderson</u> (ADDRESS) <u>Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SYRACUSE</u> DATE <u>MAY 12 1933</u>		
19. UNDERTAKER <u>W. C. Weathers</u> (ADDRESS) <u>HOUSTON MO</u>		
20. FILED <u>5-12 1933</u> <u>J. G. Love</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to May 7 1933
I last saw her alive on May 7 1933 Death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:
Heart Disease
Mitral Insufficiency
Date of onset _____

Other contributory causes of importance:
72 1/2
95 1/2
120

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) J. B. Cravell, M. D.
(Address) Longwood 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.

JUN 23 1933

