

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

Do not use this space.

**1. PLACE OF DEATH**

County Polk  
Township Union  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 700  
Primary Registration District No. 6249

File No. 9 17478  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jas. Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1866</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>1</u>	DAYS <u>21</u>
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>✓</u>
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to May 23, 1933

I last saw her alive on May 22, 1933 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Apoplexy  
92A 82A

Date of onset  
May 18, 1933

Other contributory causes of importance: \_\_\_\_\_

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) B B Kirby, M. D.  
(Address) Wadefille, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
FATHER
13. NAME <u>Eli Rowan</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>dont know</u>
MOTHER
15. MAIDEN NAME <u>Delpha Lee</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>dont know</u>
17. INFORMANT (ADDRESS) <u>Lafayette Anderson</u> <u>Wadefille Mo</u>
18. BURIAL, CREMATION OR REMOVAL PLACE DATE <u>Chapel Ruths</u> <u>May 24, 1933</u>
19. UNDERTAKER (ADDRESS) <u>Map H. Co</u> <u>Wadefille Mo</u>
20. FILED <u>May 26, 1933</u> <u>E E Moore</u> Registrar

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

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