

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

Do not use this space.

**23603**

**1. PLACE OF DEATH**  
 54 County Lafayette Registration District No. 461  
 Township Washington Primary Registration District No. 5625  
 City Washington No.        St.        Ward       

**2. FULL NAME** Maudie Alden Anderson  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** Negro **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**         
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Oct 2 - 1902  
**7. AGE** YEARS 31 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Housewife  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** At Home  
**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)** Lafayette Co Mo  
**13. NAME** Arthur Alden  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Lafayette Co Mo  
**15. MAIDEN NAME** Maggie McIntire  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Lafayette Co Mo  
**17. INFORMANT (ADDRESS)** Arthur Alden, Sr.  
**18. BURIAL, CREMATION, OR REMOVAL**        PLACE Washington Mo DATE July 23, 1933  
**19. UNDERTAKER (ADDRESS)**         
**20. FILED** July 22, 1933 33 Page Brier Bates  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH (21)**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 20, 1933  
**22. I HEREBY CERTIFY** That I attended deceased from June 17, 1933 to July 21, 1933  
 last saw her alive on July 20, 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:  
Typhoid Fever  
1933  
 Other contributory causes of importance:  
Intestinal Hemorrhage  
 Name of operation        Date of         
 What test confirmed diagnosis? Clinical 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) James E. Patten, M. D.  
 (Address) 1201 - 12th St  
Washington, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

235

