

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.

WHITE FERNET WITH ONTARIO INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

23607

1. PLACE OF DEATH

County.....**Lafayette**  
Township.....**Washington**  
City.....**Higginsville** (No.....)

Registration District No.....**464**  
Primary Registration District No.....**5626**

File No.....**15**  
Registered No.....**94**  
St..... Ward.....

2. FULL NAME.....**Mrs. Anna M. Anderson**

(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.....**Femal**  
4. COLOR OR RACE.....**White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....**Marrued**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR).....**28 Dec. 1878**  
7. AGE YEARS.....**54** MONTHS.....**6** DAYS.....**22**  
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.....  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....**Mayview,**  
(STATE OR COUNTRY).....**Mo.**

13. NAME.....**Henry Clay**

14. BIRTHPLACE (CITY OR TOWN).....**Lafayette Co.**  
(STATE OR COUNTRY).....**Mo.**

15. MAIDEN NAME.....**Julia A. Poole**

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

17. INFORMANT.....**J. M. Anderson**  
(ADDRESS).....**Odesse, Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE.....**Oak Grove** DATE.....**7/21/33**

19. UNDERTAKER.....**Higginsville, Mo.**  
(ADDRESS).....

20. FILED.....**8/8**.....**1933**  
Registrar.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR).....**7/20**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from  
**June 13**, 19**33**, to **July 14**, 19**33**  
I last saw him alive on **July 14**, 19**33**. 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:

**Diabetes Mellitus**  
**463**  
**501**  
Other contributory causes of importance.....  
**Cancer of Stomach**

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).....**R. B. Schaefer**, M. D.  
(Address).....**Odesse, Mo.**

21