

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

Do not use this space.

30638

1. PLACE OF DEATH
 County PAN DOLPH Registration District No. 735
 Township SUGAR CREEK Primary Registration District No. 5970
 City (No. _____) St. _____ Ward _____

2. FULL NAME ANNE ANDERSON
 (a) Residence, No. Moberly R.F.D. 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.

File No. _____
 Registered No. 173 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES ANDERSON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ABOUT 1872
 7. AGE YEARS 61 MONTHS ✓ DAYS ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
 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

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933, to Sept 11, 1933
 I last saw him alive on Sept 11, 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Bacillary enteritis Date of onset _____
Senility
 Other contributory causes of importance:
1200
162
120
15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA
 13. NAME DONT KNOW
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW
 15. MAIDEN NAME DONT KNOW
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW
 17. INFORMANT James Anderson (ADDRESS) Moberly Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Worshiper Mo Sept 13 1933
 19. UNDERTAKER Snider (ADDRESS) Moberly Mo
 20. FILED 9/12 1933 Virginia Walker Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) J. Wanda _____, M. D.
 (Address) Moberly 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.

AUG 20 1933

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