

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

401

Do not use this space.

1. PLACE OF DEATH
 418 County Jackson Co. Registration District No. 398 File No. 36379
 Township Blair Primary Registration District No. 56354 Registered No. 375
 City Independence (No. Blair Township Ward)

2. FULL NAME Mary Jane Anderson
 (a) Residence, No. 1505 St. Waverly Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 89 yrs. 7 mos. 11 ds.

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1844
 7. AGE YEARS 89 MONTHS 7 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Residence
 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation Lif.

12. BIRTHPLACE (CITY OR TOWN) St. Clair Co. Mo. (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Mary Jane Anderson

14. BIRTHPLACE (CITY OR TOWN) near Cleopha Tenn. (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Mary Jane Williams

16. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY) Va

17. INFORMANT Marfa Texas (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE School City, Mo. DATE Nov. 20 1933

19. UNDERTAKER Lute Lewis Son (ADDRESS) School City, Mo.

20. FILED Nov 24 1933 Dr. P. E. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24th 1933

22. HEREBY CERTIFY That I attended deceased from June 1931 to present, 1933.
 I last saw him alive on Nov. 19th, 1933 Death is said to have occurred on the date stated above, at 8 A. M.
 The principal cause of death and related causes of importance were as follows:

apoplexy
 Date of onset _____
 Other contributory causes of importance: g

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? no
 If so, specify _____
 (Signed) Paloma Atkins M. D.
 (Address) Independence, Mo.

