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.

JAN 26 1934

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

Do not use this space.

39214

65

1. PLACE OF DEATH

County Buchanan — Registration District No. ____ — File No. ____

Township ____ — Primary Registration District No. 1001 — Registered No. 1239

City St Joseph — (No. State Hospital #2 St. ____ Ward)

2. FULL NAME Ina Anderson (Intha Olivia Anderson)

(a) Residence, No. 1601 East Randolph St., ____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Archie Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18 1866

7. AGE: Years 67 — Months 5 — Days 25 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil

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) (STATE OR COUNTRY): Ohio Unknown

FATHER

13. NAME: Seaton Antrim Matson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Ohio~~ Unknown Wisconson

MOTHER

15. MAIDEN NAME: Jane Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio Unknown Ohio

17. INFORMANT (ADDRESS): Records State Hospital St Joseph Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Barnard Mo. DATE Dec. 15 1933

19. UNDERTAKER (ADDRESS): H O Sidenwader 1802 Union st St Joseph Mo.

20. FILED 12-14 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/10, 1933, to Dec 13, 1933. I last saw her alive on Dec 13, 1933. Death is said to have occurred on the date stated above, at 3:40 p.m.

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

	Date of onset
Chronic Myocarditis	1.
GSC / Prior [illegible]	10/14/33

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) W Clifton Smith, M. D.

(Address) State Hosp #2 St Joseph Mo